VETERANS' ADMINISTRATION BENEFITS AND SERVICES TO THE VETERANS IN MISSISSIPPI

HEARING

BEFORE THE

SUBCOMMITTEE ON
OVERSIGHT AND INVESTIGATIONS

OF THE

COMMITTEE ON VETERANS' AFFAIRS
HOUSE OF REPRESENTATIVES

NINETY-EIGHTH CONGRESS

FIRST SESSION

MARCH 30, 1983

Printed for the use of the Committee on Veterans' Affairs

Serial No. 98-9

U.S. GOVERNMENT PRINTING OFFICE
20-294 O WASHINGTON : 1983

H761-12

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VETERANS' ADMINISTRATION BENEFITS AND SERVICES TO THE VETERANS OF MISSISSIPPI

WEDNESDAY, MARCH 30, 1983

HOUSE OF REPRESENTATIVES,
COMMITTEE ON VETERANS' AFFAIRS,
SUBCOMMITTEE ON OVERSIGHT AND INVESTIGATIONS,
Washington, D.C.

The subcommittee met, pursuant to notice, at 9:30 a.m., in city hall, Biloxi, Miss., Hon. G. V. "Sonny" Montgomery (chairman of the Subcommittee on Oversight and Investigations) presiding.

Present: Representatives Edgar, Evans, Hillis, and McEwen.

OPENING STATEMENT OF CHAIRMAN MONTGOMERY

Mr. MONTGOMERY. Good morning, ladies and gentlemen. It is a pleasure to welcome you to the second and last of the field hearings the Committee on Veterans' Affairs Subcommittee on Oversight and Investigations will conduct in Mississippi this year.

Yesterday, our hearing was held in Jackson and the witnesses there were informative and helpful in providing our members with their views on the performance of the Veterans' Administration authorities in providing veterans benefits and services, including health care, to Mississippi veterans.

I am Congressman Sonny Montgomery from Mississippi and chairman of the Committee on Veterans' Affairs, as well as this subcommittee. I am pleased to have four of the most active and interested members of our committee here with me today. They are Congressman Elwood Hillis of Indiana, the ranking Republican member of our subcommittee; Congressman Bob Edgar of Pennsylvania, chairman of the Subcommittee on Hospitals and Health Care; Congressman Lane Evans, a Democrat from Illinois; and Congressman Bob McEwen, a Republican from Ohio. I wish to thank each of these gentlemen for taking valuable time scheduled for their home districts to come here today to hear testimony regarding veterans' issues concerning the State of Mississippi.

Today we will hear testimony concerning admittance practices and the quality of health care delivered at the VA hospital, the status of the VA's $88.5 million renovation and modernization program at the Biloxi and Gulfport Divisions of the VA Medical Center, the status of the Vet Center at Mobile, Ala., which provides services to the veterans in this area, and the need for providing veterans' educational benefits in order to enhance recruitment and retention within the Armed Forces. Witnesses today include repre-

sentatives of several of the veterans' service organizations, the executive director of the Air Force Sergeants Association, members of the Air Force, and certain Veterans' Administration authorities.

Field hearings are a great source of valuable information to us and I urge all witnesses to be candid and straightforward in expressing their opinions on today's veterans' issues. We need this information to take back to Washington and consider during our legislative deliberations.

I would like this morning to thank the mayor of Biloxi and my close friend, Gerald Blessey, for giving us this opportunity to meet in city hall. I thought it would be best that we meet at a neutral place, not meeting at Keesler, and not meeting at the veterans' hospital facilities.

Mayor Blessey, we would like to recognize you and any comments that you would like to make, anybody that you would like to introduce. The Chair recognizes the mayor of Biloxi.

Mr. BLESSEY. Thank you, Congressman Montgomery. I would like to welcome again the members of your committee to the city and all of the veterans and other organizations that are represented here. As your host, if there is anything that you need, please call on us. We are glad to have you from around the country. This is an old Federal courthouse, so we felt that it would be nice to return the favor. We got it as surplus property. If you have any other buildings you would like to give us, we would welcome them.

We certainly hope that Lane and Bob did better than their predecessors did at Vicksburg.

We are glad to have you here. It is a great honor, and we hope you have a very productive meeting.

Mr. MONTGOMERY. Thank you very much. [Applause.]

We are rather unique on the Veterans' Affairs Committee. It is nonpartisan. In most cases we applaud the witnesses, so don't hesitate. If you like something you hear, we certainly have no problems with that.

I would like to introduce my former administrative assistant who has done a lot for veterans and now lives on the Mississippi gulf coast, Jack Vance. Jack, we are glad to have you. [Applause.]

Sitting next to him is a man who has certainly been a lot of help to us, Col. Ken Combs, who is head of the Gulfport Air Guard Training Facility. [Applause.]

I am sure as we move along I will see others that should receive recognition.

You heard what we said at the press conference. I would just like to say that in this hearing this morning, certainly we will talk about the $88 million renovation and modernization program at Biloxi, and also at Gulfport. We will have the director testify on the VA hospital, Jim Caldwell. We will have him testify after the other witnesses have been before the subcommittee, so we can have him answer some of the questions that will be brought up at this hearing.

For the press, I want to point out that all the witnesses are important, but the director of the veterans' hospital will be our last witness, and will provide you some of the answers that we need.

As I mentioned, we will talk about educational benefits. This is really probably the only time that we will get totally involved in educational benefits around the country. We needed this for the record, so we certainly appreciate our witnesses this morning from Keesler.

We have, as I said, people from different veterans' organizations. The executive director of the Air Force Sergeants Association, Don Harlow, who will testify this morning. Don is a good friend of ours from Washington, and he has provided the flags for each of our name plaques.

Unless any other member has anything to comment on, I think we will move right ahead with our panels. Some of you have to catch aircraft out of here, and I want to get you out of here before the weather gets too bad.

Panel I is Mr. Ellis Buckley, commander of the State of Mississippi Veterans of World War I. Commander Buckley, are you here this morning? Come on up here and have a seat. I hear a lot about you and hear that you are quite a person, and I want people to see you. Let's give Commander Buckley a hand. [Applause.]

Commander Buckley is 91 years old and still straight as a ramrod. Come up here and sit in this chair right over there.

Mr. Lee Wall, adjutant, Department of Mississippi, The American Legion; Dominick Leperi, who is a friend of mine, will fill in for Guy Thornton, who is under the weather; and Mr. Bennie Covington, senior vice commander, Disabled American Veterans.

We would like for the witnesses to keep their remarks to less than 5 minutes. We would like to see and hear from all of the witnesses, and my colleagues will make notes and then ask the witnesses questions after we have heard from all of the witnesses.

Commander Buckley, do you have any comment, or would you just like to welcome the committee?

STATEMENTS OF ELLIS BUCKLEY, COMMANDER, STATE OF MISSISSIPPI VETERANS OF WORLD WAR I; LEE WALL, ADJUTANT, DEPARTMENT OF MISSISSIPPI, THE AMERICAN LEGION; DOMINICK LEPERI, ON BEHALF OF GUY THORNTON, COMMANDER, DEPARTMENT OF MISSISSIPPI, VETERANS OF FOREIGN WARS OF THE UNITED STATES; AND BENNIE COVINGTON, SENIOR VICE COMMANDER, DISABLED AMERICAN VETERANS

STATEMENT OF COMMANDER ELLIS BUCKLEY

Commander BUCKLEY. I would just welcome the committee to the coast. I didn't get to go to Jackson for the meeting up there. I had just been to that hospital on the 9th of this month and had a tour through there and found everything first class, so I didn't go to Jackson. I am having to curtail my travel because I can't drive at night.

Mr. MONTGOMERY. But you drive in the daytime, though?

Commander BUCKLEY. Oh, yes.

Mr. MONTGOMERY. That is fine. We thank you very much, and we want you to stay at the witness table, and if you have any comments, we will be glad to hear from you. You are a little older than the average World War I veteran. They are averaging about 85, and you are 91.

Commander BUCKLEY. 87.

Mr. MONTGOMERY. How many World War I veterans do we have in our State?

Commander BUCKLEY. We have just about 300 that belong to our organization. I don't have any records of how many we have.

Mr. MONTGOMERY. I am not sure we do, either. Thank you very much, sir. [Applause.]

Mr. Wall, it is nice to see you.

STATEMENT OF LEE WALL

Mr. WALL. Mr. Chairman and members of the committee, The American Legion appreciates this opportunity to express our concern regarding the construction projects at the Biloxi and Gulfport Veterans' Administration Medical Center and education benefits to enhance reenlistment and retention within the Armed Forces.

Construction at the Biloxi facility. The domiciliary facilities, buildings 5 and 19, need to be upgraded immediately.

Construction of laundry and boiler buildings are very much needed at this particular facility.

Nursing home. This 35-unit is located on the second floor of building 2 in the Gulfport complex. This floor is a most crowded, depressing and ill-arranged sight. There is only one elevator for use in the event of fire or any other disaster. This could cause complete chaos. The only other outside exit is a narrow stairway in which it would be near impossible to get patients down. The American Legion recommends the first priority should be construction at Biloxi of a nursing home.

From our observation, the staff at the medical facilties are dedicated personnel. They sometimes work in very adverse conditions, and they always manage to do an excellent job for the veterans seeking medical help. We are glad to see the amount of money that has been put into the Biloxi facility to get this thing rolling again.

On education, the Legion supports the bills on education with a few exceptions. We do support any of your bills.

Elimination. One of the things that we would like to see is elimination of the Vietnam-era education program termination date. This would serve as a retention incentive for Vietnam era veterans having decided to make the military service a career.

On the VEAP program, we would like to see the Department of Defense increase from $2 to $3 their contribution, while simultaneously paying interest on the service person's contribution. This would generate renewed interest by military personnel to contribute to these programs, and we believe, would have an incentive there for reenlistment, because we realize that a lot of these veterans are saving this money for a lot of different reasons.

On the termination date of the Vietnam-era education bill, we know that a lot of these veterans would probably stay within the military if they could use their chapter 34 benefits later, instead of a termination date of 1989.

Mr. Chairman, again, we appreciate the opportunity from The Legion to express our views on these bills, and we want to thank you for this opportunity.

Mr. MONTGOMERY. Thank you, Mr. Wall, for your testimony, and thank you for making it brief. It will help us when we get into these other areas and the areas that you mentioned.

Dominick Leperi, we would like to hear from you at this time, an old friend and very active in different veterans' organizations on the Mississippi coast, who will testify on behalf of the Veterans of Foreign Wars.

STATEMENT OF DOMINICK LEPERI, ON BEHALF OF GUY THORNTON, COMMANDER, DEPARTMENT OF MISSISSIPPI, VETERANS OF FOREIGN WARS OF THE UNITED STATES

Mr. LEPERI. Thank you, Mr. Chairman, and members of the subcommittee. Before I go on with the prepared remarks of Guy Thornton, our State commander, Veterans of Foreign Wars, I would like to proudly announce that your host, Mayor Blessey, is a life member of Post 2434 here in Biloxi, and he has been very active in the affairs of veterans.

Mr. MONTGOMERY. Mr. Leperi, let me make it a matter for the record to show that the subcommittee appreciates the reception that was given for the members and for our staff who have come down from Washington. The reception was given last night and was hosted by all of the veterans' posts and chapters on the Mississippi coast, and we appreciate very much their hospitality. It was a delightful evening.

Mr. LEPERI. Thank you. You are more than welcome. Also, I have had the privilege of attending the hearings of this committee and some of the subcommittees in Washington since 1964–65, and I want to commend this committee and the former members of this committee for the dedication they have to veterans and veterans' interests and problems.

Now, I will read Commander Thornton's prepared text.

Thank you both for holding this oversight field hearing here in Biloxi and permitting me to appear and express my views on behalf of the more than 26,000 members of the VFW in Mississippi. We are proud, Mr. Chairman, to count you as one of the life members of Post 79 in Meridian.

As you know, Mr. Chairman, we have had our problems here in the Biloxi/Gulfport area. You will recall that in August of 1969 Hurricane Camille raised havoc at Gulfport, destroying one building and damaging many others. In August of 1976, one building here in Biloxi housing nursing home care and domiciliary patients was destroyed by fire.

Our buildings here are now 50 years old, and although the structures are architecturally sound, they are in need of complete renovation. For this reason, we are delighted that the President's proposed budget for the fiscal year 1984 includes $78.8 million for major modernization of the Biloxi Medical Center. We of the VFW appreciate your effort and that of the full committee in this regard, Mr. Chairman, since the construction project will not only upgrade our medical center, but provide employment for many veterans.

Mr. Chairman and members of the committee, the problems that have come to my attention at both the Biloxi and Gulfport facilities can be attributed primarily to the fact that the medical center is

understaffed by approximately 100 employees, mostly nurses, therapists, and other employees necessary to care for hospital patients and prepare domiciliary patients for life in the community. In addition, staffing vacancies persist in the Medical Administrative Service because of the low entry grade level of GS–3. As a result, this service continues to be a training ground for other services.

Mr. Chairman, I have heard complaints that domiciliary patients have allegedly been released without any knowledge of what life will be like in the community and some without either physical examinations prior to discharge or instructions on their medical needs.

So that domiciliary patients may be self-sustaining and better equipped to return to community life, more emphasis is now being focused on educational programs and developing their skills, but staffing inadequacies prevent full adherence to this new approach.

Mr. Chairman, beneficiary travel has always been an important supplement to primary health care for our veterans here in Mississippi. For this reason, I was disturbed to learn from testimony given by our national legislative director before the Senate Veterans' Affairs Committee recently that that committee is considering legislation to establish an adult day care services pilot program at a cost not to exceed $35 million a year, and that funding for this program would be taken from beneficiary travel.

In addition, this same legislation would impose a $10 deductible on beneficiary travel payments unless the veteran is seeking treatment for a service-connected disability, a non-service-connected disability if rated 50 percent or more, and for World War I veterans participating in the adult day care program. On behalf of our veterans here in Mississippi, Mr. Chairman, I urge you to reject out of hand any proposal that would reduce funding for beneficiary travel or impose a deductible of any amount.

Your letter of invitation to appear here and testify today requested that I comment on a proposed peacetime GI bill to enhance the recruitment and retention of high caliber personnel in our Armed Forces.

Mr. Chairman and members of the committee, the VFW is mandated by a resolution passed by the voting delegates to our 83d National Convention held in Los Angeles, Calif. last August to support a peacetime GI bill, provided it is entirely funded by the Department of Defense and administered by the Veterans' Administration. The Department of Mississippi is, of course, bound by our national resolutions and, therefore, we support the concept of a peacetime GI bill.

Mr. Chairman, I want to thank you for holding this hearing here today, and the one yesterday in Jackson, and permitting testimony on behalf of our membership here in Mississippi. My colleagues and I will be happy to respond to any questions you may have.

Mr. MONTGOMERY. Thank you very much, Dominick, for your fine testimony.

The Chair would like to recognize Bennie Covington of the Disabled American Veterans, another friend of ours. Mr. Covington?

STATEMENT OF BENNIE COVINGTON

Mr. COVINGTON. Thank you, Mr. Chairman, and members of the committee. On behalf of the more than 5,900 members of the Disabled American Veterans, Department of Mississippi, I wish to thank you and the members of this committee for providing us this opportunity to express our concerns regarding the construction projects at the Gulfport and Biloxi Veterans' Administration Medical Centers and educational benefits to enhance recruitment and retention within the Armed Forces.

We want at this time to express our appreciation to this committee for their support of the funds for the construction and renovation of the gulf coast facilities. We feel this is vital to our veterans' needs, and with the influx of veterans from Florida for treatment, we, the veterans in this area, need more medical facility space and more specific hospital care.

We are sure this committee has noted the facility at Biloxi does not have certain clinics necessary to treat the veterans in that area. The veterans must seek treatment at the Jackson medical facility or the New Orleans, La. facility. This is a problem because in various cases, the patient, in his attempt to receive treatment, is faced with the problem that his records are not received at the treating facility and another appointment must be scheduled. We feel this is an inequity in the system and must be addressed.

We ask that you and your subcommittee look into the aspect of more cooperation between the facilities in regard to referred or out-station appointments and treatment. This concludes our testimony in regard to the construction and renovation of the Gulfport and Biloxi Centers.

In summary, our testimony regarding the education bill can be noted as we are in support of the educational bill if the Armed Forces or the DOD fund the program. We do not feel that we, as the veterans, should pay for a program that is geared to enhance the military skills and retention rate of military personnel.

Again, Mr. Chairman, we wish to thank you and the members of this subcommittee for providing the Disabled American Veterans the opportunity of appearing today.

Mr. MONTGOMERY. Thank you very much, Mr. Covington. Now the Chair will recognize any member who would like to ask questions, and we will operate under the 5-minute rule which we operate under in Washington.

Mr. Edgar?

Mr. EDGAR. Thank you, Mr. Chairman. I would like to thank all of you for your testimony. I have just two specific questions. The first is directed to Mr. Covington and Mr. Leperi. In the bill that all of us support for a GI bill for the all-volunteer military, both of you in your statements point out that your national organizations don't support it if, in fact, the funds come out of the Veterans' Administration as opposed to the Department of Defense.

I wonder if you are aware that the chairman's bill, and a bill which I introduced, H.R. 1944, provides that the Veterans' Administration would in fact incur the costs of the first level of benefits. The bill is divided into four parts or benefit levels.

First, we provide a basic benefit for 3 years of service. That would be 36 months of education with $300 a month in benefits. Following that, if a person reenlists and stays in for an additional 3 years, they would get a second tier benefit, which would be totally paid by the Department of Defense.

Our thinking in that respect was that the first level of benefits, similar to the old Vietnam-era GI bill, would provide a veteran who had minimal service minimal benefits, but those portions of the GI education bill that are directly related to retention, namely the second tier benefits and the transferability provision would be incurred in fact by the Department of Defense.

I share that with you because I think that veterans' organizations who oppose any VA funding might want to reconsider in light of the fact that we do consider these persons as veterans, and while there is no war at the present time, I think many people realize, given the President's statements and others, that we live in difficult days. We live in troubled times, and some of our military personnel are in fact serving under fairly severe conditions throughout the world.

I guess my question is one which you may not be able to answer, and that is, if we were to pass a GI bill, with only the first tier benefits to be provided by the Veterans' Administration, and all of the retention benefits to be provided by the Department of Defense, would there be strong objection within the VA or within the Veterans of Foreign Wars or within the Disabled American Veterans?

Mr. LEPERI. From the standpoint of Veterans of Foreign Wars, Mr. Edgar, these resolutions were presented at the national convention. Action was taken on the floor, and then the National Legislative Committee in Washington promulgates this to the presentation before your committee.

I, in my personal opinion, do not believe that if the bill was passed as you have proposed, or proposed by the chairman, that there would be strong objection to it. This wording was the way the resolution was presented at the national convention in Los Angeles, and consequently, as it was adopted. However, from my personal feelings, as I said, I think there is room for compromise.

Mr. EDGAR. Thank you.

Mr. MONTGOMERY. Mr. Wall, do you have a comment?

Mr. WALL. No, I am in agreement with him.

Mr. EDGAR. Just one final question. Mr. Wall, you talk a great deal about the specific needs of the Biloxi facility, and also, Mr. Leperi, you talk about the difficulty of getting medical staff in this area. I note that the population of the area is swelled by the existence of a military facility here.

I wonder whether or not some of the recruitment of staff and personnel isn't related to the small number of persons who actually live in the area that are not connected to the military installation, that is, the ability to get nurses and medical personnel to locate in this area. Do you have any information?

Mr. WALL. Mr. Edgar, I feel like that possibly the VA salaries are much lower than in the private sector, and that is the main reason. The people who are working as far as I can tell, and as far as the people I have come in contact with, are very dedicated people, and I think the majority of them will stay, but these youn-

ger people, you come along and offer them a few dollars more, and that is the name of the game this day and time. They are going to go to a higher paying job, whether they like it or not.

Mr. MONTGOMERY. Let the Chair comment on that. This committee led in the implementation of protecting VA personnel jobs, and the limitation of what could be contracted out, and we feel as a whole that we pretty well provided protection for Veterans' Administration personnel, especially in the medical care, and I know in some cases on technicians and professional care that we can't reach the outside prices of salaries, but overall, and we have looked into this, working for the Veterans' Administration in medical care we think is a good job, and this committee is dedicated to protecting the benefits that have been promised these persons.

Mr. LEPERI. Mr. Chairman, may I make a comment on Mr. Edgar's question? I think that since Mr. Caldwell has come here, he has made it a point as a goal to enhance the staff of the Veterans' Administration facilities here, and gone on a wholesale recruiting campaign to encourage people to settle in this area and take up these positions in the professional fields. In the nursing field, there is a shortage throughout this entire area, not only at the VA and Keesler, but civilian hospitals are having the same problem.

Mr. MONTGOMERY. That is not a problem anymore at the Jackson VA Hospital. We were told yesterday that there were adequate nurses. Is that still a problem, Mr. Caldwell?

Mr. CALDWELL. It is a problem here.

Mr. HILLIS. Mr. Chairman, I have one question. I don't want to put you on the spot, and perhaps I will, but I would like to ask each of you in terms of your organizations and your members, as individuals, how do you view your relationship with the regional office and the hospital here in this area? What could we do that would be better?

Mr. COVINGTON. Let me say this in regard to the Gulfport-Biloxi Hospital. I am not too familiar with the operations down here. Of course, I have been here several times, but from what I have seen and heard, and this is just hearsay, but from what I can gather, things are working mighty good down here. Things just seem to be fitting in place. We have one group of people that works in Gulfport-Biloxi Hospital, and I would like to commend the director and all his employees, and especially, if I may throw this in, the volunteers who work so hard and dedicate their time to the VA Medical Center here in Biloxi.

Mr. HILLIS. Any problems you would like to call to our attention?

Mr. COVINGTON. As of now, as I say, sir, I am not too familiar with the Gulfport-Biloxi Hospital, but from the information I gather, I don't have any comments to say at this time.

Mr. HILLIS. How about the regional office? That is pretty far away. Are they able to give service in the immediate area that are satisfactory as far as your membership is concerned?

Mr. LEPERI. Mr. Hillis, as far as what I am familiar with, and there may be cases that I am not familiar with, but the majority of the time the transactions and the actions of the regional office are pretty standard and no problems, but you do get occasional instances where you will have a complaint from a veteran because he

either did not understand the law or did not submit the required evidence to substantiate a claim, but in the majority of cases, I would say that the service is excellent.

Mr. HILLIS. Mr. Wall?

Mr. WALL. I am from Jackson, and probably I have more contact with the VA up there than most places, but I must say that every time that we have ever had dealings with them or had to call them on any business at all, we weren't put off. We weren't told, "We will look it up," or "We will do something." We got an answer before we got through with them.

They have been helping us in any number of times with our service officer schools and things of this kind, so the Legion has no battle with them up there. We hear these complaints about the hospital every day, and in some cases probably they are, or should be complained about, but I haven't heard too many from the Gulfport and Biloxi facility to our office. They have always been very complimentary.

Mr. HILLIS. Thank you very much.

Mr. MONTGOMERY. Any further questions?

Mr. MCEWEN. Just one quick one, if I may, Mr. Chairman. Commander Covington, something that has been of interest to me for a long time has been the unique mobility that these veterans' medical records seem to have, the way that they get around. I called the hospital in my district recently and the lady said that those records just left, as though they had turned their backs and they went out and hopped on the bus when they weren't looking.

I am curious as to whether or not there is a manner in which you can determine ahead of time whether or not those records are located in a particular hospital prior to the veteran applying for service. You mentioned in your testimony the difficulty in going to New Orleans and finding out that the records weren't there. Do you have a manner in which you can find out that ahead of time or not?

Mr. COVINGTON. Sir, let me say this in regard to that. I am from Jackson, just like Commander Wall is. I can't answer that question in good faith because I know nothing about it. Now if I was at Jackson, I could answer your question, but not being from Gulfport-Biloxi, I don't have any comment to make on that because I am sure I don't know that much about it.

Mr. MCEWEN. I will pose the question to the VA later on, but is there anyone else? Dominick, could you help us there or not?

Mr. LEPERI. Well, in that connection, there are cases where a patient who would normally be treated here and then develops a condition that requires either Jackson or New Orleans' attention, then those records sometimes do get shipped ahead of the patient, or may not get through New Orleans or Jackson on time when the patient arrives.

Mr. MCEWEN. You understand that my question is whether or not that can be determined ahead of time.

Mr. LEPERI. This I do not know. I could not comment on it.

Mr. MCEWEN. Just one other quick one if I may, Mr. Chairman.

Mr. MONTGOMERY. Yes.

Mr. MCEWEN. There is a great deal of discussion in the Armed Services Committee as to what is the greatest benefit to recruit-

ment. There is strong belief that the enlistment bonus is one of those genuine benefits to recruitment. If you were placed in the position of having to choose the GI bill for educational benefits or maintaining the enlistment bonus, as an ex-serviceman, which one do you think would be most beneficial?

Mr. WALL. I think the GI bill would be, myself, because it helped.

Mr. LEPERI. I think the educational provisions far outrank the bonuses, because those that get the bonuses spend them in a short period of time, and they have nothing to show for it, whereas under the educational bill, they have a lifetime of benefits from it.

Mr. MCEWEN. I have overrun my time. Thank you, Mr. Chairman.

Mr. EDGAR. We have had hearings in the last 2 years on the chairman's bill, H.R. 1400, with over 200 witnesses; those witnesses in uniform, indicated that the GI education benefit was far superior than the cash bonus, particularly for those in critical skill areas. One of the questions that comes up in the discussion of GI education is, should you just have GI education in critical skills areas, and the feeling is no, that that benefit ought to be considered as a benefit across the board. Use the cash bonuses as a way of getting people into critical skills and have the GI education benefits provided across the board as an incentive for retention.

We will hear more from the Air Force personnel on it, but I just wanted Mr. McEwen to know that that is the history of the testimony.

Mr. MCEWEN. I appreciate the gentleman's assistance. I might point out that in my consultations with enlisted personnel, we have found virtually overwhelmingly the opposite response from those in the service presently. That has been my observation. That was why I was securing the veterans' observations. Thank you, Mr. Chairman.

Mr. MONTGOMERY. Lane Evans?

Mr. EVANS. No questions, Mr. Chairman.

Mr. MONTGOMERY. I want to thank our witnesses. You handled the questions well and have been of benefit to this committee. The Chair would like to call our next panel, and we can dismiss you as witnesses. Thank you very much.

If the witnesses will come forward, Mr. Don Harlow, executive director of the Air Force Sergeants Association, Washington, D.C. We know Don very well; M. Sgt. James D. Baber, who is a professional military education instructor, Keesler Air Force Base; T. Sgt. William A. Uhde, who is president of the Enlisted Advisory Council at Keesler; S. Sgt. Craig J. Niemann, student training advisor, Keesler; and A1c. Deborah R. Anderson, student, electronic computer switching course, Keesler.

For my colleagues, I think Keesler Field is the largest training educational facility that the Air Force has in the number of personnel being trained in the Air Force.

The Chair would like to thank Lt. Col. Jim Puett of the Air Force Legislative Liaison Office in Washington, who was a great help in arranging and having these Air Force personnel testify this morning. Thank you very much.

The Chair would like to recognize Don Harlow.

STATEMENTS OF DON HARLOW, EXECUTIVE DIRECTOR OF THE AIR FORCE SERGEANTS ASSOCIATION, WASHINGTON, D.C.; M. SGT. JAMES D. BABER, PROFESSIONAL MILITARY EDUCATION INSTRUCTOR, KEESLER AIR FORCE BASE; T. SGT. WILLIAM A. UHDE, PRESIDENT, ENLISTED ADVISORY COUNCIL, KEESLER AIR FORCE BASE; S. SGT. CRAIG J. NIEMANN; STUDENT TRAINING ADVISER, KEESLER AIR FORCE BASE; AND A1C DEBORAH R. ANDERSON, STUDENT, KEESLER AIR FORCE BASE

STATEMENT OF DON HARLOW

Mr. HARLOW. Mr. Chairman and distinguished members of the committee, on behalf of the 150,000 members of the Air Force Sergeants Association and their dependents, I thank you for the invitation to join with my fellow enlisted men and women in testimony on an incentive program that will, in the final analysis, aid in the recruitment and retention of highly qualified young men and women for our future defense forces.

The sincere interest that you and many of your distinguished colleagues in Congress have exhibited in providing some type of an educational program to replace the current veterans' educational assistance program is obvious by the number of bills introduced in both the House and the Senate.

While all such bills contain varying provisions designed to obtain and retain essential manpower resources for our military services, the crux of the matter is to come up with one simple, all-inclusive bill that will fulfill the stated goals and objectives, and at the same time be cost effective.

I am going to move on to the close of this for the sake of time because I think it is important for you to hear from the other members.

In closing my statement, I submit an excerpt from the testimony of your distinguished colleague, Representative Bill Nichols from the great State of Alabama, who said that active duty personnel, recruiters, and others having a real understanding of the importance of a bill to replace the GI bill stated:

> Give us a new GI Bill. Make it simple, easy for recruiters to explain, and recruits to understand. Make it equitable. Use pay incentives and bonuses for critical skills, but education should be across the board. Make the benefit levels high enough to be meaningful, but not too high to force people out of the system to use the benefit. Make the GI Bill permanent. It is time to stop switching signals on the education benefits for the all-volunteer force, and above all, we need this recruitment and retention tool now.

Mr. Chairman, I have kept this testimony brief as it is more important for you and the members of your committee to hear from my colleagues here. Thank you very much.[1]

Mr. MONTGOMERY. Thank you, Don, for giving us that fine testimony, and thank you for giving us the opportunity to hear from the sergeants here. There is a tendency in Washington to have too long testimony, but you realize what helps the subcommittee. Thank you very much.

Before recognizing these enlisted personnel, let me say that my colleague, Mr. Hillis, and I are on the Armed Services Committee,

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[1] The prepared statement of Donald L. Harlow appears on p. 39.

and also on the Veterans' Affairs Committee, that the Air Force has done an outstanding job in their recruiting and retention, better than the other services, and you are getting quality.

I made the statement that we need more quality, but I would like to make it clear for the record that the Air Force has done very well. The Army is having a problem. That is where the real problems are, and also in the Army Reserve, and we have to consider the Reserve now. They are just as much a part of the force structure as the regular forces, but the Air Force has done an excellent job. Their IQ tests are of much higher quality than any of the other three services.

Sergeant Baber, the Chair would like to hear from you.

STATEMENT OF M. SGT. JAMES D. BABER

Sergeant BABER. Thank you, Mr. Chairman. I am M. Sgt. James D. Baber, Commandant of the Keesler Air Training Command Professional Military Education Center. I was born in Covington, Ky., a suburb of Cincinnati, Ohio, and graduated from Holmes High School in Covington. I joined the Air Force in 1962 and have served 17 years as a Morse systems operator.

I have been an instructor/teacher off and on since 1969, giving me almost 14 years teaching experience, and I assumed my present position in May of 1980. My job would be equivalent to a civilian dean of colleges. I am in charge of three separate courses that are taught in our professional military education center and supervise a staff/faculty of seven.

We teach such diverse topics as leadership, management, supervision, counseling, communications, effective writing and speaking, interpersonal relations, human behavior, and transactional analysis to our students at various levels of their military careers.

One such course, the NCO orientation course, begins instruction for airmen as they reach the 2.5 to 3-year point in service and are about to transition into noncommissioned officer status.

Another course is targeted at supervisors in a career status; that is, they have 4 years or more of service. This course also includes civilians who are supervising for the first time.

Our largest and longest course is the NCO Leadership School, which consists of 150 hours of instruction in major curriculum areas such as world affairs, political science, communicative skills, and military studies which deals with the wear of the uniform, customs and courtesies, protocol, marching, and history and development of aviation. Graduates of this course earn four college credits with the Community College of the Air Force, consisting of three in management and one in social studies areas.

Often these graduates come back and tell us that this was the step that put them on the road back to their own educational accomplishments. Time and again we have seen our graduates apply for officer candidate programs through Airman Education and Commissioning program, Reserve Officer Training Corps, and the professional officer candidate program. We like to think that we had a direct impact or input on the decision of these students by getting them interested in completing their education.

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I think it is fair to say that I have seen and dealt with airmen at all levels of their commitment to Air Force life. The one thing that keeps coming back to me over and over is that no matter the cost, any investment in the education of today's young military people, whether it be in the Air Force, the Army, or the Navy, is an investment in the future of this country.

It would be a tired old cliché to say that these are the leaders of tomorrow, for certainly they are the leaders of today. If we don't help shape, mold and make them as educated as we possibly can, then what does tomorrow hold in store for us?

I do not agree with many of the statements being made today concerning the quality of education of our recruits, that they are much more educated than ever. I can show you plenty of examples where more students are entering the service today as high school graduates, but I believe that the standards have been lowered to allow them to graduate.

I can produce critique after critique, written by the students, which use some of the poorest English grammar you have ever seen in your life. The spelling alone is atrocious, much of which is phonetic, that is, if it sounds right, use it.

I have always been a believer that if you pay attention to the details, you can then be entrusted with areas of greater importance. The fact that I have been able to continue my education while on active duty through the tuition assistance program has been very beneficial to me.

The impact of the GI bill on my career has not yet been felt fully, but I am cognizant of my entitlement to a full 45 months of benefits. During the past year I have completed my associate degree with the Community College of the Air Force through the aid of the tuition assistance program. I have received guidance and counseling that he has helped me decide to hold back my GI bill and benefits until I retire from the service, when I can take full advantage of them.

I am aware of my benefits, rights and privileges under the GI bill, and I plan to use them as I continue striving toward a degree-granting program. We are all painfully aware that as the education level rises, so does the cost of each semester hour. Thus, I intend to use my benefits for the most expensive courses which I will need later.

The knowledge I have of the provisions of H.R. 1400 indicates that it is a well-meaning proposal. However, I have reservations about an apparent reluctance to extend the expiration of the current GI bill beyond December 31, 1989.

As I said before, any investment in the educational level of our airmen is an investment in the future of our country. I am not prepared to comment on all the facets of this bill, but I am extremely enthusiastic about the portion that would enable me to have the security of working in the Air Force and develop my education while maintaining a certain amount of that investment toward the education of my children or wife. I will be prepared to answer your questions later. Thank you, gentlemen.

Mr. MONTGOMERY. Thank you for that well thought out testimony. You have given us a lot to think about. Thank you very much.

That was my personal opinion. It certainly was hitting on target of what we should look at.

Technical Sergeant Uhde?

STATEMENT OF T. SGT. WILLIAM A. UHDE

Sergeant UHDE. Yes, Mr. Chairman. I am T. Sgt. William A. Uhde, and I am presently assigned to the 3410 Technical Training Group, Radio Branch, Keesler Air Force Base, Miss. I currently serve as a technical instructor, training prior service personnel from all branches of the services on high frequency radio systems.

I have served in the Air Force from November, 1968 as a ground radio communications technician. During those 12 years, I was assigned duty in the Philippines, Offutt Air Force Base, Nebr., and the Republic of Panama. For the past 2½ years I have been assigned instructor duty at Keesler Air Force Base in Mississippi.

My current job is instructing enlisted personnel and a few engineers from civil service and civilian companies. I am a graduate of both an Air Force NCO Leadership School and NCO Academy in residence, and I am presently enrolled in the Senior NCO Academy by correspondence. I have a total of 82 semester hours toward my goal of attaining an associate degree from the Community College of the Air Force.

I am 34 years old and married with two sons. My wife is employed by Dineteria at Keesler Air Force Base.

I personally believe that any reduction, and I repeat, any reduction in educational benefits now available to career service personnel will have an adverse effect. I have not used any of my GI bill as of this date. However, when I reach the 20th year of my career in 1988, I would have to leave the service to get what I can of my remaining entitlements from the GI bill.

I foresee a real problem in the enlisted middle and top-level ranks in the years remaining beween now and the end of the GI bill in 1989. Many of the enlisted people with whom I have spoken and who are eligible to retire before the cutoff will do so for the same reasons I have mentioned. This will no doubt have an adverse impact on manning in our top tier of enlisted managers.

On the other side of the coin, I realize the Air Force, as well as other branches of the services, is now enjoying a period in which recruiting is no problem. I strongly feel that this will come to an end as soon as the economy improves. I believe that this is the main reason young people join the Air Force today, and in my conversations with many of the new recruits, the majority agree with what I have said. I feel the veterans' educational assistance program (VEAP) is not working as it was designed to. The young people joining the Air Force today are not contributing and using VEAP as the designers envisioned.

Many of the commissioned officers entering Officer Training School today are former enlisted, and a good number are there due not only to Air Force commissioning programs, but through their own hard work and the GI bill.

As the military enters an era of highly technical equipment and weaponry, I believe we are "shooting ourselves in the foot" when we reduce any educational benefits. New highly sophisticated elec-

tronic courses are being added to Keesler's technical training facilities at a rapid rate and I believe we need highly educated and experienced people to teach these courses.

If our middle and top level enlisted members with the experience needed are going to be leaving the service to take advantage of the GI bill, we will begin to feel the effect in the near future. The bill, H.R. 1400, is better than nothing, but I feel the best avenue to take would be an extension of the current GI bill. This would allow our middle tier enlisted to remain on active duty as long as they desire.

In closing, I believe that any dollar spent on education can be reaped tenfold by our military services. Thank you. I am prepared to answer any questions you may have.

Mr. MONTGOMERY. I promise you that you are going to get some questions. That was a good statement that you made. Thank you, Sergeant Uhde.

We are coming down in rank now to the staff sergeant level. Sergeant Niemann.

STATEMENT OF S. SGT. CRAIG J. NIEMANN

Sergeant NIEMANN. Mr. Chairman and subcommittee members, I am S. Sgt. Craig Niemann, 27 years old, and a resident of Cleveland, Ohio. I entered the U.S. Air Force in July 1976, and am presently assigned to the 3305th Student Group, Military Training Branch, Keesler Air Force Base, Miss.

My previous assignments include 4 years in the Air Force Communications Command in air-to-ground communications at MacDill Air Force Base, Fla., and Incirlik Common Defense, Turkey. I have served in the Air Training Command on special duty as a student training adviser [STA] since May 1980.

I have experience as a STA at the student squadron level, and am now a principal instructor for military training and the student leadership course. I am a career NCO and intend to continue special duty assignments in the military training area as well as pursue off-duty education.

I feel I am qualified to address this subcommittee because of close contacts with officers, NCO's, and first-term airmen as a STA and educator. I am eligible for the Vietnam-era GI bill benefits.

It is my opinion that there is a great need for a new GI bill to provide an improved educational assistance program, as well as for recruitment, retention, and support of those who have separated. The present veterans' educational assistance program (VEAP) has merit in its "two for one" entitlements, even though there are inequitable provisions between the services.

When we speak in terms of a viable program which attracts recruits, stabilizes retention, and supports those personnel who have honorably served and separated, VEAP fails in one main area—economics. The contributing investment required is a burden on personnel in the lower ranks and to those who are married with families. I fully support H.R. 1400 as it offers the best of both worlds in economics and incentives for active duty personnel as well as veterans.

Thank you, sir. I am prepared to answer any questions you may have.

Mr. MONTGOMERY. Thank you, Sergeant Niemann, for that testimony.

As our last witness on this panel, we now recognize Airman First Class Anderson.

STATEMENT OF A1C DEBORAH R. ANDERSON

Airman ANDERSON. Thank you, Mr. Chairman and members of the subcommittee. I am A1c. Deborah R. Anderson, a technical school student at Keesler Air Force Base, Miss., studying computer maintenance. I am 22 years old and single. I was born in Morrilton, Ark., but grew up in Little Falls, Minn., a small, rural community located in the center of the State.

While in high school, I worked part time as a nurse's aide and then full time after graduation, until I enrolled at the University of Minnesota Technical College at Waseca. I graduated in June 1981, with an associate in applied science degree in animal health technology. I then worked for approximately 1 year at a veterinary clinic near Little Falls.

I had hoped to return to college, but the money just wasn't there, so I enlisted in the Air Force because of the technical training and education benefits offered.

In my opinion, the military is a very good alternative to attending college or seeking employment. By providing the opportunity that H.R. 1400 represents, more people will enlist in the Armed Forces knowing that they will not have the financial difficulties facing many today who go directly from high school to college.

Also, it will keep people in the service by providing extra money for additional years of active duty which could be applied to a dependent's future education. I am unsure whether or not I will reenlist after my first 4 years, but if H.R. 1400 is enacted, I will seriously consider reenlisting and making the Air Force my career.

Thank you, Mr. Chairman.

Mr. MONTGOMERY. Thank you, Airman Anderson. That certainly was a strong statement and right to the point.

The Chair would like to recognize the gentleman from Pennsylvania, the coauthor of the education bill.

Mr. EDGAR. Thank you, Mr. Chairman. Just before I ask the question, I would like to summarize the five major provisions that we were looking for in the bill. Mr. Harlow, you summarized it very well in your comment about making it simple. The recruiters and the people across the country that we have talked to felt particularly that any GI bill ought to be simple. It ought to be explainable, not just to people coming into the service, but also to parents, principals, and people throughout the country who would be encouraging people to come into the service.

The five major provisions are as follows: First, a loan forgiveness provision. In the original H.R. 1400, we had a provision that would give a forgiveness of up to $1,500 a year. If someone had gone to a college and had incurred a debt, we would be able to forgive that over the first period of time, with the hopes of bringing in some people who may have dropped out of college or may have left college and didn't have the capacity to pay back those loans.

The second provision is what we call the first tier benefit. Paid for by the VA, it is $300 a month for 36 months of education. At the present time, the old Vietnam GI bill pays about $342 per month over that same period of time. We wanted our bill to be low enough so that it wouldn't be an encouragement to leave the service, but high enough to be able to provide at least some level of comparable education.

The third provision was what we called tier two. If you reenlisted and stayed for 6 years, you got $600 a month for 36 months. This was much more equitable in terms of the real cost of education. The hope here was to try to save some of the retraining moneys, because persons leaving after 3 years, bringing a new person in and training them was a difficult and expensive process.

The fourth segment was very controversial but I think a very important provision, and that was if you stayed for 10 years, you got first tier and second tier benefits, and if you stayed for 10 years and haven't used your benefits, after the 10th year, you had the ability to transfer those benefits to your spouse or to your children.

This was directly zeroed in on the middle level NCO's and middle level officers so that they would be encouraged to stay in. They have to commit themselves to staying through their 20th year, if they transfer. So it was a long-term commitment that we needed to avoid leaving the service to get private sector jobs at high costs.

Finally, the last provision was at the discretion of the Secretary of the individual service. People were allowed up to 2 years to leave the service, use their benefits, and come back into the service so that they could go to universities and colleges and come back without losing their rank or their status. We thought that that would be helpful in upgrading the educational level of those who wanted to make a commitment while still serving in the service.

Those five provisions, loan forgiveness, first tier, second tier benefits, transferability, and leave of absence provisions was all that H.R. 1400 was, and the Defense Department would pay for those benefits beyond the first tier.

Now, my question to each of you is basically very simple, and that is, in terms of retention in the service, do you think that having an educational benefit that provides for transferability and provides for second tier benefits would act or serve as a retention vehicle within the all-volunteer military? Any one of you can respond. I am looking for your personal opinion. It doesn't have to be the official position of the Air Force.

Sergeant BABER. Mr. Edgar, I wouldn't presume to give the official position of the Air Force. Thank you for the opportunity to respond, sir. In my personal opinion, it would be very attractive as a benefit to keep someone on in the Air Force, but I come back to the point that you made before, that education should be for all people, rather than just for some, and I noticed that the 2-year leave of absence is not consecutive. If I have 2 years of my college completed, then I cannot take 2 consecutive years' leave of absence.

Mr. EDGAR. So you would concur just to have a 2-year consecutive provision?

Sergeant BABER. Well, I recommend that there be some more study in that area, sir, certainly, because that would be a concurrent time period to finish your education. My concern would be,

what would happen to my career in the Air Force during that 2-year period of time? My colleagues are still considered for promotion. They are still current with technological advancements in their career field, and what is my particular status at that time?

Mr. EDGAR. It would have to be protected by the Secretary, I suppose. Before we move to the others on that first question, let me ask you a second piece of the question.

You talked about extending the 1989 deadline. The chairman and I have been under a great deal of pressure to extend the 1989 deadline, and there is a reason why I particularly opposed it.

It is not opposing it in terms of the value of extending it to keep people in, but if, in fact, H.R. 1400, or the bill that I have introduced with those five provisions, H.R. 1944, were to pass and become law, those presently in the service would stay for that 3-year period to qualify would receive equal, if not better benefits under a new GI bill than they in fact would get under the old GI bill.

I guess I think you are probably right. You may have to do something about the 1989 date if we don't pass a new GI bill, but if a new GI bill were in fact put in place, then the 1989 date would become obsolete because those presently in the service would in fact qualify for the new GI benefits and would be able to make the decisions in terms of retention, based on those new benefit levels.

Had we passed the bill in a timely fashion in 1982, people would, by 1989, be able to qualify for second tier benefits which are twice as much as the old GI bill.

Mr. MONTGOMERY. The time, gentlemen, has expired, but why don't the other witnesses go ahead and answer both of these questions. Sergeant Uhde?

Sergeant UHDE. On the transferability, Mr. Edgar, I would say that I think that it is a very attractive device to enhance people for retention in the service. I think it is something that a person would think about an awful lot. It would be foremost in their mind because, of course, as you are well aware, family plays an important role in any military member's life simply due to all the hardships he endures while he is in the military; moving and so forth.

Anything you can do to help the spouse or the family in the military life is a definitely attractive device for retention. My only concern in that area is, what are we going to do for the single people, people who do not have dependents or anyone to transfer?

Now, I am not up on the bill. If there is anything in there in that area that would help them out, I don't know.

Mr. EDGAR. Well, just to answer the gentleman's question, transferability would affect a person with 10 years and beyond granting education benefits of $600 a month for 36 months of education which could be utilized by his spouse or children. A single person, would utilize the benefits himself.

I don't think we would want to get into giving it to girlfriends and boyfriends and grandmothers and grandfathers, but that single person would not lose the benefit.

Sergeant UHDE. What was the second part of your question?

Mr. MONTGOMERY. Why don't we move on and then we will come back to that. Sergeant Niemann?

Sergeant NIEMANN. Mr. Edgar, I would like to comment on the area of your tier proposal. I think it is very important as you experience your time through the service and you begin to adapt and to grow with the system.

Sometimes the unexpected moving gets involved and you have to take into consideration all of the hardships involved, not having the opportunity to utilize that GI benefit because of shift work or of being stationed somewhere where you don't have the opportunity to put your educational benefits to use.

I think the way it was set up in progression, 3, 6, and past that 10-year mark, is an enhancement as it goes along, and I fully support seeing a three-tier target for this program.

I think it definitely supports the military member along the way, and definitely gives us a light at the end of the tunnel.

Mr. MONTGOMERY. Airman Anderson?

Airman ANDERSON. In regard to the transferability, at this time it does not apply to me or in the immediate future, so I don't have any comment on that.

But as far as the first tier, second tier, third tier, I have full support of that. I totally agree with it. As a single person, having that money there available after 3, 6, 10 years would be fantastic for me to go on and get a degree, particularly in my career field, and make myself a better person and more of an asset to the Air Force.

Mr. MONTGOMERY. In your original statement, didn't you say that having the GI education bill would help you to decide to stay in the service?

Airman ANDERSON. Yes, sir. Definitely.

Mr. MONTGOMERY. That would encourage you to reenlist?

Airman ANDERSON. Yes.

Mr. MONTGOMERY. Mr. Hillis?

Mr. HILLIS. Thank you, Mr. Chairman. I want to compliment all the panel and the testimony. You have been very helpful, and as the chairman mentioned, I also serve on the Armed Services, and am a ranking member of the Military Personnel and Compensation Subcommittee, which has had and will have further hearings in regard to this measure.

Transferability was one of the problem areas, and my colleague, Mr. Edgar, was correct. It was controversial, and it probably held back the progress of this measure in the last Congress, because frankly, I can't quote you the figures, but all of the projections were quite high.

The thing that I would like to get your personal opinion on very quickly is, would it be acceptable to you if those benefits were limited somewhat or provided only to those in critical areas or skill, or do you think that all persons in the service should be entitled to them, if we had a basic GI bill but transferability somewhat limited?

I will start with you, Sergeant Baber.

Sergeant BABER. Mr. Hillis, I feel that education is the right of every service member, and it should be treated as such. What you are asking for there is the chronic or critical shortage skill. You need to add some other type of incentive but not mess with the education benefits.

Mr. HILLIS. I am saying the basic education would be there. Only the transferability feature that has been discussed might be limited.

Sergeant BABER. I am not prepared to go into that.

Mr. HILLIS. Sergeant Uhde?

Sergeant UHDE. Again, my personal opinion is that, again, on educational benefits, they ought to be just like the hospital benefits or anything that we have. They should be fair and equal across the board.

Any time a critical career field has something that another career field does not have, like someone that has a lesser critical job, you create a small amount of animosity simply because a person cannot cross-train into a critical career field very easily, so what that would tend to do is create a little in-house animosity between these people, and it would definitely be unfair.

It is not equal treatment across the board, and I think benefits should be spread out. Thank you, sir.

Sergeant NIEMANN. Mr. Hillis, I need to echo the comments that I have heard thus far. I would really like to see a no-frills program, a straight educational program across the board, where instead of emphasizing a specialized career field or something, we can offer——

Mr. MONTGOMERY. Are you talking about super VEAP?

Sergeant NIEMANN. Not necessarily, sir. I am referring to, if we had transferability within H.R. 1400, I think we can add cash incentives for the especially critical career fields, and let's leave this educational bill as an educational bill across the board, and make it fair and equitable.

Mr. EDGAR. Will the gentleman yield?

Mr. HILLIS. Yes.

Mr. EDGAR. A good illustration of that came in talking with the service members about a year ago, where they pointed out that if you had a person who is in a skill that was putting up the wires outside, working all the time, 48 to 50 hours a week outside, putting up the wires into a communication center, and inside the building, in air-conditioned facilities, you had a computer operator who, in fact, could do the computations. You determined that your critical skill was the person inside in the comfortable conditions because that was a higher level of technology, you might miss the point that that person out hanging the wires with a family and with education needs may in fact have more, or at least an equal need for the education skill. If you move transferability only to critical skills, you in fact misshape the services, and you will get more people who will be staying on the inside, and not enough people who are technicians outside, helping in the support services.

I think it is a helpful illustration, at least to me, in understanding the value of keeping it equal and across the board.

Mr. HILLIS. Airman Anderson, do you have any comment on my proposal?

Airman ANDERSON. As far as the critical fields go, extra money or what have you, a lot of times many people don't have the chance to choose what AFSC they are going into. Whatever is up they can take it, and so I believe in a fair across-the-board thing, everyone should be equal.

Mr. MONTGOMERY. Mr. Harlow has a comment.

Mr. HILLIS. Yes?

Mr. HARLOW. Mr. Hillis, I would like to point out that one of the problems with transferability only on critical skills is because as the weapon systems are changed and upgraded, as strategy has changed and so forth, the skills themselves change, and sometimes those people that are in a specialty now, a skill, would not be in it, say, 3 years from now, and then you have got a vacillating problem.

Mr. HILLIS. You have added greatly, I think, in this area. One final question that I think you can all give a yes or no to, but I would like it in the record.

Do you think a GI bill is a better incentive for recruiting quality people than other inducements, such as the enlistment and reenlistment bonuses that we are using today?

I will start right across here with you.

Sergeant BABER. Yes, sir.

Sergeant UHDE. Yes, sir.

Sergeant NIEMANN. Yes, sir.

Airman ANDERSON. Yes, sir.

Mr. MONTGOMERY. I certainly hope that the record shows that. An excellent question. The gentleman from Illinois?

Mr. EVANS. Knowing that our committee basically focuses on the GI bill, I might be asking a question that is not within the jurisdiction of the committee, but master sergeant, you testified that you have seen some very poor English skills.

I take it that there are probably also enlisted people with poor math skills and other necessary skills. Does the Air Force, either through the Community College of the Air Force or other programs, try to offer remedial kinds of education to those kinds of personnel?

Sergeant BABER. Mr. Evans, they do, but I am not prepared to answer on the math skills. That is not a portion of our curriculum that we emphasize. We have both written and oral communication skills. Those are the ones that I was speaking of.

It is not the quality of the recruit that is in doubt. It is merely the quality of education that the recruits have.

Mr. EVANS. I believe, and maybe this is more a comment than a question, that if we are dealing with the 4-year recruit, we ought to try to train him when he is in, too, as well as give him something when he gets out, so that it not only helps the Air Force and other services, but it helps that individual once he gets out, so that he can use the GI bill.

Sergeant BABER. Absolutely, Mr. Evans, and there are some ongoing programs that the Air Force has at this time.

Mr. EVANS. All right. Thank you.

Mr. MONTGOMERY. Let me follow up on what Mr. Evans is talking about. It probably doesn't apply as much, as I said earlier, to the Air Force on the high school graduate, but I was interested in what you said, Sergeant Baber, that some of these who have high school diplomas, that in effect they really haven't had the full educational qualifications of, say, in your case, when you received your diploma. Is that correct?

Sergeant BABER. Yes, sir, Mr. Chairman. That is exactly what I was referring to. It appears that the displayed skills in the area of communications, whether it be oral or written, are somewhat, I hate to use the word substandard, but certainly that is exactly what I am targeting toward. I don't for the life of me understand how they graduated from high school.

Mr. MONTGOMERY. As I said earlier, I know in the Army that they are having their problems, and the Army is really not facing up to it. I guess the volunteer system is working, but 50 percent of the recruits coming into the Army are in category 3 and category 4, and category 4 is just above the learning ability stage, and as you mentioned earlier, the sophisticated equipment that we have now, we do have to have the programers and the skills.

I just don't think we can slip this problem under the rug as we operate under the all-volunteer system. We have got to make it work, and that is why we are right here talking about the educational system.

As to the VEAP program, does anyone care to comment on the VEAP program? Let me state where I am coming from. The VEAP program, as you mentioned, is two to one educational benefits, and it is a very expensive program.

It is costing well over $100 million a year, and the Defense Department hasn't quite been honest with us on it. They told us that the VEAP program was working, that well over 40 percent of the people who came in the service signed up for the VEAP program.

Then Mr. Edgar or Mr. Hillis asked the question when we had a joint hearing, "Well, how many stay in the program?"

Well, not many are in the program. Seventy percent of them get out, so it is not working. What I am afraid that the Defense Department is trying to do is turn the VEAP program into the GI education program by the super VEAP, where you put up $1 and you might get as much as $200 back from the Federal Government.

My point is, you have got all the publicity on the GI education bill. Your fathers, more than likely, were educated under the GI bill. They have a young son come in here and say, "I can get in the service, get a GI education bill," and the father will say, "Well, I was educated that way," but the military is not taking advantage of it.

We didn't handle the Defense Department right for some reason on this H.R. 1400. It has got a lot of merit to it. Quite frankly, I don't believe the leadership in the Defense Department even read the bill. They were so interested in bonuses, reenlistment bonuses, and enlistment bonuses, and keeping the strength levels up, that they totally missed quality and retention.

They haven't been fair to us. I will be fair to them.

As chairman of the Veterans' Affairs Committee, we will consider extending the 1989 date. We will consider it, but they are going to have to come over and talk to this committee. We are not going to talk to them.

The Defense Department needs us more now, and the GI education bill, than we need them, so we will just see, and I think this will go in the record now and go back to Washington, so something does come out of these hearings.

Fifty percent of you fellows, like you said, you are going to have to get out. Fifty percent of the Air Force is going to have to get out in the next 10 years to take care of their GI benefits or they will lose them unless we do something about it. I think I have talked too long.

Mr. EDGAR. Will the Chair yield?

Mr. MONTGOMERY. I will be glad to.

Mr. EDGAR. Thank you, gentlemen, for yielding.

Just to underscore the comment that you have made, Theodore White, who is a reporter and writer, has written a book entitled, "In Search of History" which is an analysis of American society over the last 20 years. He reviews this history from Presidential campaign to Presidential campaign.

In the first chapter of that book, he points out that the GI bill after World War II was the most significant contribution to American society in history. It took all of the World War II veterans, upgraded their education so that it was not just high school level, but now was college, graduate school, master's, Ph. D. level, and those persons educated under the GI bill are now Members of Congress, of the House and Senate, and are now leaders throughout the country.

For every dollar that we invested in the old GI bill, we have received $3 to $6 back in added taxes that were paid into the Treasury because people got a better education, got a higher salary, and paid more into the system. I would guess that the history over the last 20 to 30 years would be far different if that GI bill was not in place.

I wonder what our society is going to be like if we have a smaller and smaller all-volunteer military, as we attack in the private sector basic education grants and loans, and then in the military we don't provide incentives for people to come out and get basic education or graduate education in the service.

So I think the GI bill has proven itself, as the chairman has said, and I do agree with him that the armed services really have to come back to us and work with us on the 1989 date if they want that extended. To the extent that they do, then I think they ought to look at this particular legislation.

My bill, H.R. 1944, only costs $1.3 billion as a constant cost in 1996. The initial upfront costs are relatively cheap compared to the actual value that we get in providing that education.

Mr. MONTGOMERY. Mr. Harlow?

Mr. HARLOW. In response to Mr. Edgar, I obtained my college degree through the GI bill myself. It was during my break in service, so I appreciate what he said.

Mr. MONTGOMERY. Thank you.

How many members of the audience were educated under the GI education bill? Hold up your hand. Let the record show that about two-thirds of the audience held up their hands.

You have been excellent witnesses. Quite frankly, I wish we could take you back to Washington to testify before most of those committees. We would get a lot more done. You knew your subject and you answered the questions well.

Thank you very much.

Mr. HARLOW. Mr. Chairman, I just wanted to say that we did not stack the board in favor of your colleague, Mr. McEwen.

Mr. MONTGOMERY. Well, he left anyway.

As we call up our next and last panel of the day, and we should finish about 11:30, Mr. Caldwell, who we all know as director of the Veterans' Medical Center, Jim Caldwell, a very dedicated person; Barbara Bell, who is Chief Nurse with the Veterans' Administration and we certainly would like to hear from her; and Dr. Joseph Law, whom we were with last night, the team leader of the Vet Center of Mobile, Ala.

As our witnesses are getting in place, let me make a comment that was made yesterday. Some of our State newspapers carried the article that a group had made a study in Washington that recommended that some veterans' programs be eliminated, and other veterans' programs be put under other agencies of the Government.

I can safely say to you today down on the Mississippi coast, no veterans' program is going to be eliminated or put into other departments. Any legislation to eliminate the Veterans' Administration has to come through this committee, and you know how we feel about the veterans, so I can safely say that the Veterans' Administration, as far as we are concerned, is protected for another 100 years, and don't worry about any articles that come out of Washington saying that we are going to eliminate the Veterans' Administration.

Mr. Caldwell?

STATEMENTS OF JIM CALDWELL, DIRECTOR, VETERANS' ADMINISTRATION MEDICAL CENTER, BILOXI, MISS.; BARBARA BELL, CHIEF NURSE, VETERANS' ADMINISTRATION MEDICAL CENTER, BILOXI, MISS.; AND DR. JOSEPH LAW, TEAM LEADER, VETERANS' CENTER, MOBILE, ALA.

STATEMENT OF JIM CALDWELL

Mr. CALDWELL. Thank you, Mr. Chairman.

First, I want to thank the House Veterans' Affairs Committee for the continued support we in the Veterans' Administration receive, and on a more personal note, I wish to thank the chairman of the House Veterans' Affairs Committee for his support to the Veterans' Administration and to the veterans.

I also wish to publicly thank the service organizations and our many volunteers for the positive contribution they have made to our mission.

My comments relative to admitting practices, the quality of health care, the status of construction in reference to our facility will be brief. A written statement has been prepared for the record.

First, on admitting practices, we are a hospital serving veterans discharged under honorable conditions. The medical center is operational 24 hours a day, 7 days a week, and a veteran may present himself at any time and receive a medical examination to determine his need for hospitalization.

Our ambulatory care section conducts quarterly processing time studies to determine the length of time it takes to process a veter-

an from their application until a final disposition is made by the clinical staff.

This includes studies to determine waiting periods in radiology, laboratory, and various other professional consultations. For the past 2 years, we have consistently been below the acceptable standard of 2 hours for processing.

As a matter of fact, we are about 104 minutes at the present time. With the opening of our new clinical building, we expect to further enhance the quality and timeliness of the care for our veterans. This will be accomplished with the improved diagnostic facilities adjacent to the admission area, and the availability of 32 examining rooms versus the 10 in our present area.

At the beginning of the fiscal year, we instituted the medical officer of the day coverage with full-time VA staff physicians. Prior to this change, we were utilizing contract physicians and regular staff physicians with ward responsibility.

The new program provides for continuity of care and does not dilute the time available for the ward physician to attend to his patients.

Under quality of health care, the Biloxi/Gulfport medical facility has a history of providing good medical care to the veteran patient. Recent surveys by the Veterans of Foreign Wars, American Legion field representatives, and various survey teams of the Veterans' Administration and the Joint Commission on Accreditation of Hospitals have documented continuation of good care to the veterans served at the Biloxi/Gulfport facilities.

The Biloxi/Gulfport facilities just recently received 3 years' accreditation in the hospital program, 3 years' accreditation in psychiatry, and 2 years' accreditation in long-term care.

This hospital serves approximately 150,000 to 200,000 veterans living in over 80 counties in southern Mississippi, southwestern Louisiana, southern Alabama, as well as a veterans' counseling program also located in Mobile, Ala.

Our workload for any given year will include approximately 7,000 to 8,000 patients treated in-house, 70,000 to 80,000 outpatient visits, and an average daily census of approximately 1,195. We normally maintain an occupancy rate of approximately 90 percent.

I might mention also that our productivity index, which shows the number of patients treated, is improving.

Our facility is staffed with highly trained personnel, exercising concerned efforts with a caring attitude in meeting the medical needs of our veteran patients. Well over 50 percent of our physicians are either board certified or board eligible.

This number of board certified and board eligible will increase as vacancies exist. Approximately 10 additional physicians, including specialists, have been added to our staff in the past 2 years. We added these folks to our staff within our present budget.

As director of this medical facility, I am very much satisfied with the quality of health care provided, with the understanding that we shall continue to improve in meeting the medical needs of our veteran patients in an appropriate and timely fashion.

On the status of construction, a clinical support building was approved in the fiscal year 1981 VA budget for design and construc-

tion. This building is currently under construction and is scheduled for completion November 7, 1983.

The activation of this building will not only provide for up-to-date service, but will allow additional space within current hospital building to be modernized and upgraded in meeting the medical needs of our veteran patients.

In addition to the construction of the clinical support building, a major construction program, renovation and replacement, is planned. The funding for the design of the renovation and replacement program was approved in fiscal year 1983, and $3.9 million was awarded in January 1983 for working drawings.

These drawings are approximately 50 percent complete. In addition, approximately $88 million is in the VA fiscal year 1984 budget forecast and is now dependent upon congressional approval.

This project will totally renovate all medical buildings of both units, providing patient privacy, and will bring each building into compliance with current fire, safety, and other code requirements.

The project also includes a new laundry and boiler plant to be constructed and located above the 500-year floodplain.

The renovation and replacement program will create a thoroughly modern, up-to-date medical care facility, operating 250 medical and surgical beds, 136 intermediate care beds, 34 nursing home beds, 30 rehabilitation medicine beds, 396 psychiatric beds, and 300 domiciliary beds, for a total of 1,146 beds.

The proposed commencement date for this project would be approximately January 1984, with a completion date during the year 1988.

Further, we have documented in our 5-year facility plan a proposed nursing home care unit to be built on the Biloxi VA grounds. Our medical district has recommended 90 nursing home beds be provided at Biloxi to service south Mississippi, south Alabama, and the Florida panhandle.

Additional studies will be necessary to determine additional beds necessary to service portions of southern Louisiana. Once the appropriate size of this nursing home is determined, including alternatives such as renovation of buildings or construction of a new building, it is expected the request will be placed in the overall VA major construction budget.

We might expect that such a request would most likely become part of the fiscal year 1987 budget submission.

In addition to the above projects, a large outpatient clinic is planned for implementation in 1984 or 1985 within the Pensacola area. The closest VA hospital to Pensacola is Biloxi.

Therefore, it appears we will have the responsibility of managing this clinic which may have a workload of approximately 45,000 visits a year.

In summary, as director of this medical care facility, it is reasonable to state that additional money and additional staff is needed to better meet our workloads. However, I must clearly state that our Washington office is providing this facility our fair share of additional resources as they become available to the Veterans' Administration Department of Medicine and Surgery. Thank you.

[The prepared statement of Mr. Caldwell appears on p. 46.]

Mr. MONTGOMERY. Thank you, Mr. Caldwell. You stick around. We will have some questions for you.

Ms. Bell?

STATEMENT OF BARBARA BELL

Ms. BELL. Mr. Chairman and distinguished members of the committee, on behalf of the nursing staff of the VA Medical Center, Biloxi, Miss., I would like to express our appreciation for your support of the veterans and related medical programs.

I am pleased to have the opportunity to share with you the VA scholarship program, established by title 2, VA Health Care Amendments of 1980, Public Law 96-330. The initial moneys appropriated were for full-time students.

Since the first students will not graduate until this spring, we have not yet felt the impact of the program. We have received inquiries from students and have indicated our desire to employ some of the students.

The Office of Academic Affairs, VA Central Office, has shared this information with the students, and we are optimistic that we will be able to employ them.

Yesterday, a letter of commitment was sent to one of the students who will complete a baccalaureate degree at the University of Southern Mississippi in May of 1983. She will then fulfill a 2-year service obligation under the scholarship program. Her husband is a professional nurse who is also inquiring about employment.

Of major significance to us is section 3 of the VA Health Care Programs Improvement and Extension Act of 1982, which provides for VA nurses to receive scholarships while attending school part time.

For many years, we have been lagging behind the private sector which offers tuition reimbursement. The part-time scholarship program will be implemented later this year and will begin in January 1984.

The regulations are currently clearing VA Central Office. We anticipate that this will greatly enhance both our recruitment and retention efforts by enabling our nurses to continue their VA employment while receiving financial assistance to pursue their formal education.

The VA Medical Center, Biloxi, Miss., has not been idle. Nursing Service is negotiating with our affiliating schools of nursing for a limited number of tuition-free courses for our employees. Their initial response has been most favorable.

Outstanding support from James Caldwell, medical center director, has included the establishment of a nurse recruiter position. The nurse recruiter has developed an attractive recruitment display and descriptive brochures.

He attends job fairs, career days, professional and student nurse conventions, and local high school programs. Through these endeavors we are becoming known in the community and competitive in the marketplace.

Recruitment efforts cannot be separated from retention efforts. Once the nurses are employed, emphasis must be placed on retain-

ing them. Activities in this area include staff nurse and head nurse support groups, monetary recognition of outstanding performance, medical center employee of the month, and special contribution awards, and national nurses' week recognition.

The planned renovations at both divisions of the medical center will add an outstanding recruitment and retention tool as we have already found in our experience with the newly renovated long-term care building at the Biloxi division.

The nurses are most positive about their attractive work environment.

We appreciate your support and the support of the House Veterans' Affairs Committee for the initiatives that have enhanced our local recruitment and retention efforts.

[The prepared statement of Ms. Bell appears on p. 53.]

Mr. MONTGOMERY. Thank you, Ms. Bell.

We would like to hear from Dr. Law, who is the team leader of the Vet Center in Mobile, Ala. We are interested in these Vet Centers, in that the law that established these Vet Centers expires, I believe, in 1984.

STATEMENT OF JOSEPH LAW

Dr. LAW. Yes, sir, in October. First, I would like to say that the "doctor" is courtesy of the GI bill.

Congressman Montgomery, I appreciate your support and the support of the Veterans' Affairs Committee for the concerted efforts on behalf of America's veterans and the veterans' Outreach program and its extension in 1981. I would also like to thank you for this opportunity to tell you about the Vet Center.

Our program allows us to help veterans with a wide variety of concerns without the negative connotations associated with treatment for mental illness. It would not be possible to give you a description of the typical Vietnam veteran who comes to our center. Their concerns and problems vary from person to person.

Several areas, however, do seem to be predominant. One of the big three would be in the area of anxiety depression, and emotional reaction to trauma in Vietnam. The other would be the problem of employment, and a third one would be a serious problem in terms of education.

How well are we doing at the vet center? It is really hard to tell without a carefully controlled research study. Several factors suggest to me that we are providing a useful service.

For example, of the 14 veterans that I would consider suicidal or potentially homicidal in February, none took his life or that of another. Of the 214 veterans counseled during February, 74 of those were totally new clients.

So far in March, we have had approximately 100 new clients. This suggests to me that the vet center is perceived by many of our veterans as a good place to come for help. The demand for services is increasing steadily on a monthly basis.

I am happy to say that excellent leadership from the director of readjustment counseling and our regional coordinator, Dr. Gelsomino, has added much-needed structure and continuity to our program.

The support which we have received from the VA medical center has also been superb. I could not ask for a better professional relationship than that which I have with Mr. Caldwell.

He has been completely supportive of our center from the beginning, and has communicated that sentiment throughout the hospital, with the resulting improvement in services to our veterans.

I would like to entertain any questions that you all have. I point out that I can speak for the Mobile Vet Center, and Mr. Terry Clark, who is our assistant regional coordinator, is in the audience if you have any questions.

[The prepared statement of Dr. Law appears on p. 56.]

Mr. MONTGOMERY. Mr. Hillis?

Mr. HILLIS. Thank you, Mr. Chairman.

I have just a couple of questions that I would like to address to Mr. Caldwell as hospital director here. I would like to know what services or functions in the hospital are presently receiving automatic data processing support, and do you have a plan to implement a reduced centralized hospital computer plan, and if so, do you think you will have any difficulty in that implementation?

Mr. CALDWELL. We are receiving automated support in pharmacy, social work, psychology, and fiscal services at the present time. We are scheduled to go on line fully in fiscal year 1984.

We have a plan to implement that schedule. I see no reason why we will not be able to make it. That schedule calls for the renovation of space, which we have ready to go, the hiring of a computer expert, and a programmer. So in my opinion, we will have no problems.

Mr. HILLIS. I would like to ask you now if you have waiting periods for different types of patients in the hospital? First, is there a waiting period for a service-connected disabled veteran for admission to the nursing home care unit, and how long if there is?

Mr. CALDWELL. Yes. We are experiencing waiting periods of up to 3 to 6 months. I would like to qualify that answer, if I may. Our nursing home at the present time is 35 beds, completely filled, running full at all times. I think 50 percent of our nursing home patients are service connected.

Now, that has increased by 25 percent since my arrival. The only time that we get a vacancy in this small nursing home is either by death or the patient is outplaced. In the past 12 months, we have outplaced 10, which has allowed us to increase our service connected to the 50 percent that we now have.

Mr. HILLIS. What would waiting periods for veterans to be admitted to the domiciliary care unit be?

Mr. CALDWELL. There is no waiting period once the veteran has met the qualifications.

Mr. HILLIS. And my final question, Are you limiting non-service-connected disabled veterans outpatient visits due to funding limitations, and if so, what is your criteria for non-service-connected outpatient treatment eligibility?

Mr. CALDWELL. At the time, we are not limiting care. We have no need to at the present time. Should we ever arrive at that point, then we will use the priorities as established under the guise of the Veterans' Administration.

Mr. HILLIS. Thank you.

That is all, Mr. Montgomery.

Mr. MONTGOMERY. Thank you.

Mr. Edgar?

Mr. EDGAR. Mr. Chairman, before I begin my questions to the panel, I would like to take a moment on behalf of the members who are here in thanking you for the invitation to come to Mississippi and to hear the concerns and needs of the veterans in this community. I would also like to thank the staff of the Veterans' Affairs Committee. Bringing this number of Members of Congress to this community takes a great deal of staff work and preparation of schedules, and I would like to thank Jack McDonnell, Richard Shultz, Arnold Moon, Barbara Daniel, Lil Ziller, and Cindy Newman. I would like to thank them for their participation.

Finally, I would like to underscore the fact of the bipartisan nature of the Veterans' Affairs Committee. We really have a very close-working relationship in Washington, Democrats and Republicans, working in common cause on behalf of the veterans. I think many of the audience have seen that today, and I think it is to be underscored. Not very many committees and subcommittees of Congress operate on the bipartisan basis to the extent that this committee does, and we feel that that is due to the leadership of our chairman, and to the leadership of the staff, which I mentioned.

Dr. Law, I have a question. About a week or so ago we called an extensive meeting in Washington on the need to extend the readjustment counseling centers. I have introduced a bill to extend it for a year, and by the end of the hearing, as different members listened to the witnesses, we had a bill introduced for a 2-year extension, and my colleague, Lane Evans, requested that a number of us introduce legislation to extend to 3 years the program for readjustment-counseling centers. Included in each of those bills for 1-, 2-, and 3-year extensions is a major study to provide an overview of exactly what the Vet Centers have done and accomplished, and also looking at the need involved for female veterans, and looking at the particular concerns of veterans suffering from delayed stress syndrome. We also need to learn how to deal with the high levels of unemployment among Vietnam veterans. Do you believe that the kind of study that is included in that legislation would be helpful to the ongoing experience at the readjustment-counseling centers?

Dr. LAW. Yes, sir. I think it is urgently needed to show us where we are going, where we have been, and how effective we are. Urgently needed.

Mr. EDGAR. You mentioned in your testimony that there is an increased number of veterans coming to your center. We have numbers in Washington that about a year ago we had only about 40,000 veterans being served. This year we anticipate serving 80,000 Vietnam veterans. Projections are that within the course of another year or so we will be serving about 100,000 veterans. Can you give any indication as to why there is such an increased number of veterans coming to the centers? Is it the effectiveness of the centers? Is it the fact that the word is getting out that these centers exist? What is your opinion as to the reason for the increased numbers going to readjustment-counseling centers?

Mr. LAW. I think it is a multifaceted phenomenon. Part of it is greater knowledge by the veterans that the Vet Centers are there, more publicity as to where we are. Part of it is by word of mouth. I am ego-involved, so I think we do a good job, and I think that gets out, and vets who are served and helped by us tell other veterans, and they come and seek help. And I think a third reason is that a lot of the veterans do have problems with education, unemployment, and delayed stress syndrome, and I think those things tend to get worse with time rather than better. I think the phenomenon definitely gets worse with time, and they experience symptoms, and they need help, and when they hear about the Vet Center they come to us.

Mr. EDGAR. Is the unemployment situation among Vietnam-era and disabled veterans severe enough to warrant emergency action by the Congress to provide veterans with emergency job-training programs?

Dr. LAW. Well, they say one picture is worth a thousand words, and I will show you a picture of our March 15 Job-a-Thon line, people standing in the rain in 20 degree weather to get in in Mobile, which we cosponsor. I will say definitely yes. Emphatically yes.

Mr. EDGAR. Could you just off the top of your head, and I know it is difficult to do this in this setting, give some of the things that you think to be ingredients in a job training, unemployment piece of legislation, specifically here to veterans?

Dr. LAW. I think we need jobs that eventually can lead somewhere, to a career, but people must also start at entry-level jobs. I think we need on-the-job training for people. We need assistance that will help them as they are getting their training and be able to support their family. I think the average Vietnam-era veteran is about 35 now, so they are beginning families. We need an incentive to the business community to hire them and support them.

Mr. EDGAR. Thank you. Could I ask a quick question to Ms. Bell?

Mr. MONTGOMERY. You are the one that has got to catch an airplane.

Mr. EDGAR. I just have a very quick question. Ms. Bell, could you give the entry level salaries and salary ranges for nurses within the veterans' facilities?

Ms. BELL. They vary from hospital to hospital. Many of the hospitals are not competitive with local hospitals and have a higher entry rate. I do not have the figures with me. In Biloxi, Miss., we are competitive with the local hospitals, so we have the basic salary entry levels.

Mr. EDGAR. What would they be? What is the starting salary; if you were to hire someone off the street to serve as a nurse? What would that be?

Ms. BELL. It depends on their education, experience, and performance. There are basic entry rates for associate and diploma graduates and baccalaureate graduates. After that it depends on the years of experience.

Mr. EDGAR. What would be bottom and high?

Ms. BELL. Bottom is, if I remember correctly, around $16,000. The highest would be $29,000.

Mr. EDGAR. Thank you very much.

Mr. MONTGOMERY. Thank you. Mr. McEwen?

Mr. MCEWEN. Thank you, Mr. Chairman. Ms. Bell, we receive a great deal of testimony that we have a significant shortage of nurses in the VA system. You are saying that you don't have such difficulty?

Ms. BELL. We have periodic shortages. With the establishment of the nurse recruiter position, we have become better known in the community. We are attracting more people. Fortunately, we are still competitive with the local hospitals salary wise. Our biggest deficit has been our inability to provide tuition reimbursement to the nurses that we have so that they can pursue their education while continuing to work.

Mr. MCEWEN. When you say that you are competitive with local hospitals, I am not familiar with the grade scales throughout the system. Are they universal, or do you have some discretion on what you pay entry-level nurses, or is the private sector different here than it is elsewhere?

Ms. BELL. The salaries here are different than they are in, say, many of the larger metropolitan areas. If a VA medical center finds that their salaries are not competitive, we go to the VA Central Office requesting a special entry rate which would make us competitive. The only shortage that we have had here is in psychiatric nurses. We are trying to make ourselves better known as to what we are providing to psychiatric patients. Fortunately, from the center director we have full authority to go over ceiling if we can to recruit psychiatric nurses.

Mr. MCEWEN. I personally add my appreciation to all three of you, as well as to the chairman and the staff, and the fine people of Mississippi for their hospitality.

Mr. MONTGOMERY. Thank you, Bob. You've got about as many people as we have down here. There are several here from Ohio.

The Chair would like to recognize the gentleman from Illinois.

Mr. EVANS. Thank you, Mr. Chairman. Dr. Law, we had a full day of testimony on the Vet Centers, and many of the people that testified indicated that they had had better dealings with veterans with poststress syndrome by providing the Vet Center service, in other words, that quite often a veteran wouldn't go perhaps to a hospital. He would come to a center instead, and that many of the veterans were having problems dealing with authority figures. Have you found that to be true in your experience, and if that is true, what has been your experience in referring those people, or taking them to perhaps the Biloxi Hospital?

Dr. LAW. I think there is a certain grain of truth to the extent that many veterans feel bitterness toward the Government. They feel distrustful toward the Government. Many may have a perception that the VA is not the place to go. The original concept behind calling a vet center a vet center was that they would feel trust and come in there. I feel that we have made great strides in our area in building rapport and liaison with the hospital in Biloxi and Gulfport. They refer people to me. I refer people to them. In fact, one of the psychologists in the mental hygiene clinic at Gulfport has started running outpatient rap groups for Vietnam veterans. Mr. Caldwell over here is doing inservice training for the psycholo-

gists and the psychiatric staff. I think there is a lot of cross-referral going on, and I think we are breaking down some of those barriers.

Mr. MONTGOMERY. Would the gentleman yield? I'm a little concerned with what Dr. Law said. I guess it is out there, but do you mean actually the Vietnam veteran has distrust of the Government? Do you actually mean that, or they don't think the Government can handle their problems quickly and promptly? I would hate to feel that Vietnam veterans don't have confidence in the Government. If we have that problem, it would certainly need correcting.

Dr. LAW. Sir, as I said, you can't describe a typical Vietnam veteran, but there are some veterans that do experience that.

Mr. MONTGOMERY. That say that they don't trust the Government?

Dr. LAW. Yes, sir. I would like to elaborate if I may very briefly. People tend to overgeneralize. I might walk up to somebody and hit them, and they would say that all fat guys with beards are bad. That is overgeneralization. A lot of veterans feel that we fought a no-win war, and they have overgeneralized toward the Government, and that can spill over into other agencies. It can spill over to anybody, but I would say that there are people who do overgeneralize.

Mr. MONTGOMERY. I think probably we ought to make it clear, though, that you are seeing a small percentage that do have problems. I hope I'm right. I would say well over 97 percent of those who were in the Vietnam war just want to be left alone, and do have confidence in their Government, and know that this is the greatest system that has ever been put on the face of the Earth. I appreciate the gentleman yielding.

Mr. EVANS. Thank you, Mr. Chairman. The other question that I have relates to the family and spouse counseling. Can you tell us a little bit about that? I know you probably get Red Cross people and maybe veterans from other eras not knowing that you focus on the Vietnam-era veteran. Can you tell us some of the other counseling that has gone to people who aren't technically veterans and how you make referrals?

Dr. LAW. Yes, sir. I would like to tell you very briefly about two things. One is that we have a lady that I am seeing now who is the mother of a veteran who was killed in Vietnam. He was highly decorated and gave his life to save some wounded soldiers. The city of Mobile got a bus together and sent 30 veterans to the dedication of the Vietnam Veteran Memorial. Many of the veterans' organizations, the VFW and the DAV and so forth, supported that. This lady went with them, and the 30 gentlemen on the bus, I charged them. I said, "Now, take care of this lady," and they did, and we have a lot of people like that who are coming in, and we do everything we can to help them.

We have a specialist in marriage and family counseling on the staff. She runs a regular group for the wives of Vietnam veterans and Vietnam-era veterans, and provides marriage counseling for them.

Mr. EVANS. Thank you, Mr. Chairman.

Mr. MONTGOMERY. I have about four or five questions. Mr. Caldwell, it was brought out in Jackson yesterday about the outpatient

drug service and the time it took. What is the time of the veterans who come for their drugs at the Biloxi facility? How long does that take?

Mr. CALDWELL. We have a low of 5 minutes and a high of 45 minutes, and we run an average of about 18 to 20 minutes, and that is checked on quite often.

Mr. MONTGOMERY. Well, when I mentioned that question, there was a rumbling in the audience up in Jackson. You must be doing all right. I haven't heard any rumblings out there in the audience today.

What about the women veterans coming for inpatient and outpatient services at veteran facilities? Are you able to take care of them as we get more women into the service?

Mr. CALDWELL. We are not prepared to handle the large female workload. Our facility does not allow that. The renovation program, when completed, will erase that deficiency. Medically we are able to provide the medical service, either by consultation from the private sector, or by our own physicans. At the present time we don't have that many female patients. I am sure that in the next 2 or 3 years we will have quite a few of them. I might also mention that we are totally unable at the present time to care for the female domiciliary patient.

Mr. MONTGOMERY. How about the acute case where a woman veteran is very sick? You have no problems with treating her, is that correct?

Mr. CALDWELL. That is correct. We have no problems, either by our own staff or by contract or consultation.

Mr. MONTGOMERY. Ms. Bell, it is interesting that we have come 150 or 160 miles from Jackson where they are having no problems with nurses now. They are able to get enough nurses of the quality they want, yet on the coast you do have a shortage of nurses, is that correct?

Ms. BELL. Particularly psychiatric nurses. We have a large psychiatric facility at the Gulfport division. There are not other psychiatric hospitals from which we would get other nurses, so it is very difficult for us to get a nurse with psychiatric experience.

Mr. MONTGOMERY. Do you close a ward up, shut down the number of beds for the facility? How do you operate?

Ms. BELL. No. We have not had to close any beds, and thanks to Mr. Caldwell and the nurse recruiter, he is out beating the bushes, and we have been able to fill our vacancies within a relatively short period of time. However, it is not easy, and it is something that requires our constant efforts.

Mr. CALDWELL. Could I add a comment to that, sir? The renovation program when completed in Gulfport will have decreased the psychiatric beds by approximately 100. Now, if we keep the staff that we now have and are able to recruit some more, I think we will be all right. At the present time, one of our problems in recruiting young females or a young person to a nursing service, I must admit, is the working conditions. That has a lot to do with it. We do not have the best working conditions at the present time.

Mr. MONTGOMERY. Thank you. Dr. Law, you mentioned that one of your major problems in working with the Vietnam veteran is finding a job, and you held up a picture there. We are disappointed

in the Congress. On the Veterans' Affairs Committee we recommended, I believe the figure was $100 million in our fiscal budget for 1984 to go toward the Vietnam veteran through the Department of Labor or even through the Veterans' Administration to get on-the-job training where the Federal Government would pick up part of the tab for this individual to learn a skill in private enterprise. The Budget Committee did not see fit to give us that $100 million, and also we just passed a jobs bill of $4.5 billion, which the President has signed, but quite frankly, it is only money for the construction of VA facility hospitals that we have talked about, and not a word mentioned about veterans getting jobs. This committee was also disappointed in that. We pointed it out to the sponsors of the bill, and the bill does go to other groups, and it spells out young people, senior citizens, and other groups, that they be given an opportunity to get a new job under the jobs bill. Do you think that we missed, or that we need to help the Vietnam veteran more than we are doing in the Congress?

Dr. LAW. I'm not up on all the different bills that have been submitted, but I think there is a definite need for this. I see the reality of it every day. Forty some odd percent of the people that we see say that unemployment is their primary problem, so it is a really signficant thing, and I see it day in and day out.

Mr. MONTGOMERY. How can we help? How can this committee help to get veterans jobs?

Dr. LAW. I think OJT job training bills would help. I think additional education would help. I think, my personal opinion, of course, is the delimiting date, the 10-year delimiting date needs to be extended. A lot of our Vietnam veterans were not able to use that because of emotional readjustment problems. They didn't take full advantage of it, and I think it might be good if we could go back and either increase it or do away with it so that many of those people could go back. I think a lot of people hold some training, but need to be retrained in other skills and other professions, so that they can compete in today's marketplace.

Mr. MONTGOMERY. Now, we did extend, in the veterans' programs, we did extend some of the vocational-education benefits that we felt were necessary.

Dr. LAW. And that has been very helpful. We have been getting some veterans' additional schooling on that. It has been very helpful.

Mr. MONTGOMERY. That about wraps it up, if none of my other colleagues have any other comments. Let me first again thank my colleagues. This is Holy Week and several days before Easter, and even though this is the scenic Gulf Coast, they are a long way from home, and I certainly appreciate them being here. I would like to thank especially our witnesses in the veterans' organizations who are here today and who have been in Jackson. You have been very attentive. You have made these hearings worthwhile. We have gained a lot, and as I said earlier, we pass a lot of laws in Washington and we have the tendency to get Potomac fever, and you really don't get out and see how these programs work and how the money is being spent out in the different States. If there are no further comments, the chairman declares that this Subcommittee

on Oversight and Investigations is now adjourned, and we will move back to Washington. Thank you.

[Applause.]

[Whereupon, at 11:40 a.m., the subcommittee adjourned subject to the call of the Chair.]

APPENDIX

STATEMENT

BY

DONALD L. HARLOW

EXECUTIVE DIRECTOR

AIR FORCE SERGEANTS ASSOCIATION

BEFORE

THE

SUBCOMMITTEE

ON

OVERSIGHT AND INVESTIGATIONS

OF THE COMMITTEE ON VETERANS' AFFAIRS

ON

H. R. 1400

BILOXI, MS. MARCH 30, 1983

Air Force Sergeants Association

INTERNATIONAL HEADQUARTERS. POST OFFICE BOX 31050. TEMPLE HILLS. MD 20748

MR. CHAIRMAN, DISTINGUISHED MEMBERS OF THE COMMITTEE:

ON BEHALF OF THE 150,000 MEMBERS OF THE AIR FORCE SERGEANTS ASSOCIATION AND THEIR DEPENDENTS, I THANK YOU FOR THE INVITATION TO JOIN WITH MY FELLOW ENLISTED MEN AND WOMEN IN TESTIMONY ON AN INCENTIVE PROGRAM THAT WILL, IN THE FINAL ANALYSIS, AID IN THE RECRUITMENT AND RETENTION OF HIGHLY QUALIFIED YOUNG MEN AND WOMEN FOR OUR FUTURE DEFENSE FORCES.

THE SINCERE INTEREST THAT YOU AND MANY OF YOUR DISTINGUISHED COLLEAGUES IN CONGRESS HAVE EXHIBITED IN PROVIDING SOME TYPE OF AN EDUCATIONAL PROGRAM TO REPLACE THE CURRENT VETERANS' EDUCATIONAL ASSISTANCE PROGRAM IS OBVIOUS BY THE NUMBER OF BILLS INTRODUCED IN BOTH THE HOUSE AND SENATE.

WHILE ALL SUCH BILLS CONTAIN VARYING PROVISIONS DESIGNED TO OBTAIN AND RETAIN ESSENTIAL MANPOWER RESOURCES FOR OUR MILITARY SERVICES, THE CRUX OF THE MATTER IS TO COME UP WITH ONE SIMPLE, ALL INCLUSIVE BILL THAT WILL FULFILL THE STATED GOALS AND OBJECTIVES, WHILE AT THE SAME TIME BE COST EFFECTIVE.

AFSA IS CONCERNED OVER THE LOSS OF HIGHLY QUALIFIED TECHNICIANS AND MIDDLE MANAGERS OF OUR ENLISTED FORCE ONCE THE ECONOMY IMPROVES AND JOB OPPORTUNITIES FOR CRITICAL SKILLS IN INDUSTRY BECOME ENTICING TO OUR EXPERIENCED CAREER PEOPLE. EVEN NOW, THOSE WHO ENLISTED AND REENLISTED FOR THE PURPOSE OF OBTAINING G.I. BILL BENEFITS ARE AT THAT DECISION POINT OF EITHER REMAINING TO COMPLETE THEIR CAREER OR GET OUT IN TIME TO TAKE ADVANTAGE OF THEIR HIGHER EDUCATIONAL OPPORTUNITIES UNDER THE G.I. BILL.

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BECAUSE RECRUITMENT AND RETENTION IS NOW AT A HIGH LEVEL AND THE HUGE BUDGET DEFICIT IS POSSIBLY A DETERENT TO THE PASSAGE OF ANY NEW EDUCATIONAL INCENTIVE BILL THIS YEAR, WE WOULD ASK YOU, MR. CHAIRMAN, AND YOUR DISTINGUISHED COLLEAGUES TO PASS LEGISLATION THAT WILL PROVIDE THE OPPORTUNITY FOR OUR ENLISTED CAREER PEOPLE A PERIOD OF 10 YEARS FROM THEIR DATE OF DISCHARGE OR RETIREMENT TO UTILIZE THE PROVISIONS OF THE CURRENT G.I. EDUCATIONAL BILL. THE DELIMITING DATE OF DECEMBER 31, 1989 OF THE G.I. BILL IS UNFAIR TO THOSE WHO BECAME MEMBERS OF THE CAREER FORCE AFTER 1976 AND WERE CUT-OFF FROM THE G.I. BILL WHEN THE VETERANS' EDUCATIONAL ASSISTANCE BILL, (VEAP) WAS ENACTED.

IT IS IMPERATIVE TO COMMENT ON THE VETERANS' EDUCATIONAL ASSISTANCE PROGRAM, (VEAP), IN VIEW OF THE BILL INTRODUCED BY THE CHAIRMAN OF THE SENATE VETERANS' AFFAIRS COMMITTEE ALAN SIMPSON, TO INCREASE THE GOVERNMENT'S CONTRIBUTION TO THE PROGRAM. EVEN IF VEAP WAS IMPROVED, WHILE IT MIGHT WELL ENHANCE RECRUITMENT OF OUR YOUNG PEOPLE, IT COULD ALSO BE COUNTER PRODUCTIVE TO RETENTION AS SERVICE MEMBERS MAY DETERMINE IT TO THEIR ADVANTAGE TO GET OUT AT THE END OF THEIR FIRST OR SECOND ENLISTMENT TO TAKE ADVANTAGE OF THEIR EDUCATIONAL OPPORTUNITIES. NO MATTER HOW ONE LOOKS AT THE VEAP PROGRAM, IT WILL NEVER FULFILL THE OBJECTIVES CONGRESS IS TRYING TO REACH.

IN CLOSING MY STATEMENT, I SUBMIT AN EXCERPT FROM THE TESTIMONY OF YOUR DISTINGUISHED COLLEAGUE, REP. BILL NICHOLS FROM THE GREAT STATE OF ALABAMA, WHO SAID THAT ACTIVE DUTY PERSONNEL, RECRUITERS AND OTHERS HAVING A REAL UNDERSTANDING OF THE IMPORTANCE OF A BILL TO REPLACE THE G.I. BILL STATED:

"GIVE US A NEW G.I. BILL. MAKE IT SIMPLE, EASY FOR RECRUITERS TO EXPLAIN, AND RECRUITS TO UNDERSTAND. MAKE IT EQUITABLE. USE PAY INCENTIVES AND BONUSES

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FOR CRITICAL SKILLS, BUT EDUCATION SHOULD BE ACROSS THE BOARD. MAKE THE BENEFIT LEVELS HIGH ENOUGH TO BE MEANINGFUL, BUT NOT TOO HIGH TO FORCE PEOPLE OUT OF THE SYSTEM TO USE THE BENEFIT. MAKE THE G.I. BILL PERMANENT. IT IS TIME TO STOP SWITCHING SIGNALS ON THE EDUCATION BENEFITS FOR THE ALL VOLUNTEER FORCE, AND ABOVE ALL, WE NEED THIS RECRUITMENT AND RETENTION TOOL NOW."

MR. CHAIRMAN, I HAVE KEPT THIS TESTIMONY BRIEF AS IT IS MORE IMPORTANT FOR YOU AND THE MEMBERS OF YOUR COMMITTEE TO HEAR FROM THE ENLISTED MEN AND WOMEN ON THIS PANEL. OF COURSE, I WILL ALSO BE PLEASED TO RESPOND TO ANY QUESTIONS YOU MAY POSE.

BEST COPY AVAILABLE

DEPARTMENT OF THE AIR FORCE

PRESENTATION TO SUBCOMMITTEE
ON OVERSIGHT AND INVESTIGATIONS
OF THE COMMITTEE ON VETERANS' AFFAIRS

UNITED STATES HOUSE OF REPRESENTATIVES

SUBJECT: H.R. 1400, 98TH CONGRESS

STATEMENT OF: MSGT JAMES D. BABER, KEESLER AFB, MISSISSIPPI

MARCH 30, 1983

NOT FOR PUBLICATION UNTIL
RELEASED BY THE COMMITTEE
ON VETERANS' AFFAIRS, UNITED
STATES HOUSE OF REPRESENTATIVES

I am MSgt James D. Baber, Commandant of the Keesler Air Training Command Professional Military Education Center. I was born in Covington, Kentucky, a suburb of Cincinnati, Ohio, and graduated from Holmes High School in Covington. I joined the Air Force in 1962 and have served 17 years as a Morse Systems Operator. I have been an instructor/teacher off and on since 1969 giving me almost 14 years teaching experience, and I assumed my present position in May of 1980. My job would be equivalent to a civilian dean of colleges. I am in charge of three separate courses that are taught in our professional military education center and supervise a staff/faculty of seven. We teach such diverse topics as leadership, management, supervision, counseling, communications, effective writing and speaking, interpersonal relations, human behavior, motivation, concept of self, and transactional analysis to our students at various levels of their military careers. One course, the NCO Orientation Course, begins instruction for airman as they reach the 2½ to 3 year point in service and are about to transition into noncommissioned officer status. Another course is targeted at supervisors in a career status; that is, they have four years or more of service. This course also includes civilians who are supervising for the first time. Our largest and longest course is the NCO Leadership School, which consists of 150 hours of instruction in major curriculum areas such as world affairs (political science), communicative skills, military studies (which deals with wear of the uniform, customs and courtesies, protocol, marching, and history and development of aviation), and leadership and management. Graduates of this course earn four college credits with the Community College of the Air Force, consisting of three in management and one in social studies. Often these graduates come back and tell us that this was the step that put them on the road back to their own educational accomplishments. Time and again we have seen our graduates apply for officer candidate programs through Airman Education and Commissioning Program, Reserve Officer Training Corps, and the professional officer candidate program. We like to think that we had a direct impact or input on the decision of these students by getting them interested in completing their education. So I think it is fair to say that I have seen and dealt with airmen at all levels of their commitment to Air Force life. The one thing that keeps coming back to me over and over is that no matter the cost, any investment in the education of today's young military people (whether it be in the Air Force, Army, or the Navy) is an investment in the future of this country. It would be a tired old cliche to say that these are the leaders of tomorrow, for they are most certainly the leaders of today. If we don't help shape, mold and make them as educated as we possibly can, then what does tomorrow hold in store for us? I do not agree with many of the statements being made today concerning the quality of our recruits, that they are much more educated than ever. I can show you plenty of examples where more students are entering the service today as high school graduates, but I believe that the standards have been lowered to allow them to graduate. I can produce critique after critique written by the students which use some of the poorest English grammar you have ever seen in your life. The spelling alone is atrocious, most of which is phonetic (i.e., if it sounds right use it). I have always been a believer that if you pay attention to the details, you can be entrusted with areas of greater importance. But if you can't even pay attention to the details then how can we possibly trust you to areas of importance later? The fact that I have been able to continue my education while on active duty through the tuition assistance program has been very beneficial to me. The impact of the G.I. Bill on my career has not yet been felt fully, but I am cognizant of my entitlement to a full 45 months of benefits. During the past year I have completed my Associate Degree with the Community College of the Air Force through the aid of the tuition assistance program. I have received guidance and counseling that has helped me decide to hold back my G.I. Bill and benefits until I retire from the service when I can take full advantage of them. I am aware of my benefits, rights and privileges under the G.I. Bill and I plan to use them as I continue striving

toward a degree-granting program. We are all painfully aware that as the education level rises so do the costs of each semester hour. Thus, I intend to use my benefits for the most expensive courses I will need later. The knowledge I have of the provisions of H.R. 1400 indicates it is a well-meaning proposal. However, I have reservations about an apparent reluctance to extend the expiration of the current G.I. Bill beyond December 31, 1989. As I said before, any investment in the educational level of our airmen is an investment in the future of our country. I am not prepared to comment on all the facets of this bill. But I am extremely enthusiastic about the portion that would would enable me have the security of working in the Air Force and develop my education while maintaining a certain amount of that investment toward the education of my children or wife. I am prepared to answer your questions. Thank you.

SUB COMMITTEE ON OVERSIGHT AND INVESTIGATIONS
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON HOUSE VETERANS' AFFAIRS
MARCH 30, 1983
CITY HALL
BILOXI, MISSISSIPPI

REMARKS BY J.H. CALDWELL, JR.
DIRECTOR
VETERANS ADMINISTRATION MEDICAL CENTER, BILOXI, MISSISSIPPI
MARCH 22, 1983

BRIEF INTRODUCTION - BILOXI AND GULFPORT VA MEDICAL FACILITIES

BILOXI UNIT:

In 1932, ground was broken on 375 acres of forest land for the erection of the Biloxi Veterans Administration facility. This land had been set aside by the U.S. Government in 1921 as a timber reserve. Approximately 400 adjacent acres were appropriated for the Veterans Administration reservation. Georgian architectural design was selected for the buildings as the most suitable for a setting of moss-hung live oaks, magnolias and pines overlooking the Back Bay of Biloxi. When the center first opened on August 10, 1933, 150 hospital and 350 domiciliary beds were ready for occupancy.

GULFPORT UNIT:

As early as 1914, plans were being made to celebrate the 100th anniversary (1917) of the admission of Mississippi to the Union, and land was purchased and buildings constructed to be used to mark the Centennial. In 1917, the site was offered to the government without charge for whatever use may be made of it in connection with World War I. The offer was accepted and facilities were set up for the training of 3,000 Naval recruits.

After the close of the war, from 1919 to 1922, the Public Health Service was designated as the agency to care for war veterans needing hospital care. The grounds and buildings were leased to the U.S. Government to be used as a Veterans Hospital, and the doors of the hospital were officially opened on July 15, 1921. The hospital grounds and buildings were purchased by the U.S. Veterans Bureau from the State of Mississippi on June 13, 1922. The site is comprised of approximately 2,000 feet on the Mississippi Sound and on a tract of approximately 140 acres. Additional buildings were built beginning in April 1945, and most buildings now housing patients are at least fifty years old or older.

PRESENT OPERATIONAL STRUCTURE:

The Gulfport facility and Biloxi facility were consolidated under one management team during 1955. The medical center is affiliated with Tulane University School of Medicine and Louisiana State University School of Medicine, with Keesler Air Force Base Medical Center for surgical and medical residents. Educational agreements are also with the University of Southern Mississippi and the University of South Alabama for training of allied health personnel. The Biloxi/Gulfport medical care units have 1,321 operating beds. The Biloxi unit has a total of 796 operating beds, including 429

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domiciliary and 367 surgical, medical, intensive care, intermediate and rehabilitation medicine beds. The Gulfport unit has 525 operating beds, including 490 psychiatric and 35 nursing home care beds. Our present operating budget is over $50 million. The present mission of this medical facility is to provide primary and secondary care in medicine, surgery and psychiatry and, in addition, facilities for nursing home and domiciliary care are provided for those veterans requiring extended care services. Some acute services are provided relative to the demands of our long term, in-house patients and for the veteran population within our immediate catchment area. The Biloxi VA medical facility is the only VA Hospital on the Gulf Coast, excluding New Orleans.

ADMITTING PRACTICES:

We are a hospital serving veterans discharged under honorable conditions. The medical center is operational 24 hours a day - 7 days a week, and a veteran may present himself at any time and receive a medical examination to determine his need for hospitalization. The immediate priority at all times is the emergency case and thereafter, priority is given to service-connected vetearns. When an applicant requiring admission is an emergency, we will accommodate his needs in any available bed. Occasionally, when beds are limited, we will establish a waiting list on non-emergencies and utilize the priority system as outlined in the VA regulations, giving preference to the service-connected veteran. An example of our priorities would be Priority 1 - service-connected; Priority 2 - observation and examination; Priority 3 - non service-connected veterans transferring from another VA Hospital; Priority 4 - service-connected veterans requiring care for non service-connected conditions; Priority 5 - transfer of veterans to a hospital nearest the point of application or to an appropriate hospital near their home; Priority 6 - non service-connected veterans; Priority 7 - medical care for survivors and dependents; Priority 8 - retirees, etc. On the occasion when we have established a waiting list we are able to provide care to those veterans within two to three weeks. During FY 82 we admitted 6,668 patients. The medical center is also prepared to accept members of the Armed Forces who are on active duty who are referred for care pending retirement from military service for disability incurred while on active duty.

Our Ambulatory Care Section conducts quarterly processing time studies to determine the length of time it takes to process a veteran from their application until a final disposition is made by the clinical staff. This includes studies to determine waiting

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periods in radiology, laboratory and various other professional consultations. For the past two years we have consistently been below the acceptable standard of two hours for processing. With the opening of our new clinical building we expect to further enhance the quality and timeliness of the care for our veterans. This will be accomplished with the improved diagnostic facilities adjacent to the admission area and the availability of 32 examining rooms versus the 10 in our present area.

Upon activation of the clinical addition, we shall consolidate the two existing admissions areas located in Gulfport and Biloxi to the new building. We plan on making this transition in three phases beginning in June 1983. During the first phase, the office at the Gulfport facility will be closed from 4:30 PM - 8:00 AM, 7 days a week. The second phase will reduce the weekend hours, and the third phase will be the complete closure of the Gulfport Admissions Office. Prior to the first phase we are planning an extensive public relations program to inform Congressional offices, service organizations, other Veterans Administration Medical Centers and local facilities of the changes . We are also designing appropriate signage to inform and direct anyone who may arrive at the Gulfport location during this period.

The staffing preparation for this change in delivery mechanism has been ongoing since September 1982, and we know the quality of patient care will improve through this centralized system.

At the beginning of this fiscal year we instituted the Medical Officer of the Day coverage with full time VA staff physicians. Prior to this change we were [illegible]izing contract physicians and regular staff physicians with [illegible]esponsibility. The new program provides for continuity of [illegible]oes not dilute the time available for the ward phy[illegible] tend to his patients. The Ambulatory Care and Admitt[illegible]g S[illegible]s staffed with highly trained, skilled professionals ready to [illegible] medical needs of our veteran patients. Personnel assigned f[illegible] include 10 full time physicians, 10 full time clin[illegible] and 1 physician assistant. We will add to the professior[illegible] when the clinical addition is implemented.

QUALITY OF HEALTH CARE:

The Biloxi/Gulfport medical facility has a history of providing good medical care to the veteran patient. Recent surveys by the Veterans of Foreign Wars, American Legion Field Representatives and various survey teams of the VA and the Joint Commission on Accreditation of Hospitals have documented continuation of good care to the veterans served at the Biloxi/Gulfport facilities. The Biloxi/Gulfport facilities just recently received three years' accreditation in the hospital program, three years' accreditation in psychiatry and two years' accreditation in long term care.

This hospital serves approximately 150,000 veterans living in over 80 counties in southern Mississippi, southwestern Louisiana, southern Alabama, and western Florida. In addition, we have an outpatient clinic located in Mobile, Alabama, as well as a veterans counseling program also located in Mobile, Alabama. Our workload for any given year will include approximately 7,000-8,000 patients treated, 70,000-80,000 outpatient visits, and an average daily census of approximately 1195. We normally maintain an occupancy rate of approximately ninety percent.

Our facility is staffed with approximately 1,421 full time employees, including 555 nursing personnel and approximately 50 full time physicians. Well over 50% of our physicians are either Board Certified or Board Eligible, and this number of Board Certified or Board Eligible will increase as vacancies exist. Approximately 10 additional physicians, including specialists, have been added to our staff during the past two years. A complete gamut of services relative to our mission is available to the veteran patient. It is anticipated in future years a need may exist for computerized axial tomography (CAT scan) because the use of computerized axial tomography has become, in our professionals' opinion, a "state of the art". At the present time we attempt to purchase CAT scans either in the private sector or at the Keesler facility.

As Director of this medical facility, I am very much satisfied with the quality of health care provided with the understanding that we shall continue to improve in meeting the medical needs of our veteran patients in an appropriate and timely fashion.

STATUS OF CONSTRUCTION:

A clinical support building was approved in the FY 81 VA Budget for design and construction. This building is currently under construction and is scheduled for completion November 7, 1983. This addition to the hospital building is 71,548 net square feet. The new facility provides additional, modernized space for Ambulatory Care and includes an outpatient pharmacy, emergency care, radiology, nuclear medicine, laboratory and respiratory care services, employee clinic, EKG/EEG, audiology/speech pathology, medical library, 10-bed medical/surgical intensive care units, surgical suite, recovery room and supply processing and distribution. The activation of this building will not only provide for up-to-date, above-mentioned services but will allow additional space within the current hospital building to be modernized and upgraded in meeting the medical needs of our

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veteran patients. As an example, rehabilitation service will now have the required space to meet the needs of our veteran patients. The cost of the building and equipment is approximately $23 million. In addition to the construction of the clinical support building, a major construction program (renovation and replacement) is planned. The funding for the design of the renovation and replacement program was approved in FY 83 and $3.9 million was awarded in January, 1983, for working drawings. These drawings are approximately 50% complete. In addition, approximately $88 million is in the VA FY 84 Budget Forecast and is now dependent upon Congressional approval. This project will totally renovate all medical buildings at both units providing patient privacy and will bring each building into compliance with current fire/safety and other code requirements. The project includes a new laundry and boiler plant to be constructed and located above the 500-year flood plain. The new laundry building will allow an increase of productivity from approximately 5.8 million pounds of laundry per year to approximately 7.2 million pounds of laundry per year, enhancing our ability to better provide services to the Jackson and New Orleans VA Hospitals. Further, the new boiler plant will correct the present, undersized and oftentimes flooded plant, causing power shortage at the Gulfport facility.

The renovation and replacement program will create a thoroughly modern, up-to-date medical care facility, operating 250 medical and surgical beds, 136 intermediate care beds, 34 nursing home beds, 30 rehabilitation medicine beds, 396 psychiatric beds, and 300 domiciliary beds, for a total of 1146 beds. The proposed commencement date for this project would be approximately January 1984, with a completion date during the year 1988.

Further, we have documented in our five-year facility plan a proposed nursing home care unit to be built on the Biloxi VA grounds. Our Medical District has recommended 90 nursing home beds be provided at Biloxi to service south Mississippi, south Alabama and the Florida panhandle. Additional studies will be necessary to determine additional beds necessary to service portions of southern Louisiana. Once the appropriate size of this nursing home is determined, including alternatives such as renovation of buildings or construction of a new building, it is expected the request will be placed in the overall VA major construction budget. We might expect that such a request would most likely become part of the FY 87 budget submission.

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In addition to the above projects, a large outpatient clinic is planned for implementation in 1984 or 1985 within the Pensacola area. The closest VA Hospital to Pensacola is Biloxi; therefore, it appears we will have the responsibility of managing this clinic which may have a workload of approximately 45,000 visits a year.

SUMMARY:

In summation, as Director of this medical care facility, it is reasonable to state that additional money and additional staff is needed to better meet our workloads; however, I must clearly state that our Washington office is providing this facility our fair share of additional resources as they become available to the Veterans Administration Department of Medicine and Surgery.

SUB COMMITTEE ON OVERSIGHT AND INVESTIGATIONS
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON HOUSE VETERANS' AFFAIRS
MARCH 30, 1983
CITY HALL
BILOXI, MISSISSIPPI

REMARKS BY BARBARA A. BELL, R.N.
CHIEF, NURSING SERVICE
VETERANS ADMINISTRATION MEDICAL CENTER, BILOXI, MISSISSIPPI
MARCH 22, 1983

On behalf of the nursing staff at the VA Medical Center, Biloxi, MS, I would like to express our appreciation for your support of the veterans and related medical programs.

I am pleased to have the opportunity to share with you the VA Scholarship Program established by Title 2, VA Health Care Amendments of 1980, PL 96-330. The initial monies appropriated were for full-time students.

Since the first students will not graduate until this spring, we have not yet felt the impact of the program. We have received inquiries from students and have indicated our desire to employ some of the students. The Office of Academic Affairs, VA Central Office, Washington, D.C., has shared this information with the students, and we are optimistic that we will be able to employ several of the students.

Of major significance is Section 3 of the VA Health Care Programs Improvement and Extension Act of 1982 which provides for VA nurses to receive scholarships while attending school part-time. For many years we have been lagging behind the private sector which offers tuition reimbursement. The part-time scholarship program will be implemented later this year and will begin in January 1984. The regulations are currently clearing VA Central Office, Washington, D.C. We anticipate that this will greatly enhance both our recruitment and retention efforts by enabling our nurses to continue their VA employment while receiving financial assistance to pursue their formal education.

The VA Medical Center, Biloxi, MS, has not been idle. Nursing Service is negotiating with our affiliating schools of nursing for a limited number of tuition-free courses for our employees. Their initial response has been most favorable.

Outstanding support from James Caldwell, Medical Center Director, has included the establishment of a Nurse Recruiter position. The Nurse Recruiter has developed an attractive recruitment display and descriptive brochures. He attends job fairs, career days, professional and student nurse conventions, and local high school programs. Through these endeavors we are becoming known in the community and competitive in the marketplace. Recruitment efforts cannot be separated from retention efforts. Once the nurses are employed, emphasis must be placed on retaining them. Activities in this area include Staff Nurse and Head Nurse Support Groups, monetary recognition of outstanding performance, Medical Center Employee of the Month and Special Contribution Awards, and National Nurses' Week recognition.

The planned renovations at both divisions of the Medical Center will add an outstanding recruitment and retention tool as we have already

found in our experience with the newly renovated long-term care building at the Biloxi Division. The nurses are most positive about their attractive work environment.

We appreciate your support and the support of the House Veterans Affairs Committee for the initiatives that have enhanced our local recruitment and retention efforts.

SUB COMMITTEE ON OVERSIGHT AND INVESTIGATIONS
U.S. HOUSE OF REPRESENTATIVES
COMMITTEE ON HOUSE VETERANS' AFFAIRS
MARCH 30, 1983
CITY HALL
BILOXI, MISSISSIPPI

REMARKS BY DR. JOSEPH G. LAW, JR.
TEAM LEADER
MOBILE, ALABAMA VET CENTER
MARCH 22, 1983

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Congressman Montgomery, I appreciate your support and the support of the House Veterans' Affairs Committee for their concerted efforts on behalf of America's veterans and the Veterans' Outreach Program. I would also like to thank you for this opportunity to tell you about the Vet Center.

One of the favorite words in current use by psychologists is "ego involved". That means that a person has become so interested in an idea and committed to its implementation that he is no longer able to examine it in an objective manner. I am ego involved in the Vet Center program and make absolutely no pretense at being objective. I think that it is one of the greatest things that this country has ever done for its veterans, and I would like to tell you why.

Our mission is to provide readjustment counseling to Vietnam veterans and Vietnam era veterans. I like that term because it has a positive connotation. Everyone knows that counseling is okay. It's for any normal person who needs guidance, just a little help, some information, a sympathetic ear and encouragement, or help getting into the educational or rehabilitation system. Most people are not ashamed to say that they have been to see a counselor about one of their concerns.

Our program allows us to help veterans with a variety of concerns without the negative connotations associated with treatment for mental illness. One of the unique strengths of the Vet Center is that the people we see are not called patients. We do not define them as sick and do everything that we can to promote independent problem-solving and the development of good coping skills.

It would not be possible to give you a description of the "typical" veteran who comes to our center. Their concerns and problems vary from person to person. Several problem areas do seem to be predominant. Let us look at the veterans we counseled in February. Forty-two percent of our counseling time was spent helping them cope with anxiety and fears. Thirty-six percent were also depressed and 19% were having bad dreams or flashbacks of Vietnam experiences. Thus, a large percentage of our veterans seen at the center are experiencing difficulty in readjusting because of the trauma of Vietnam service.

About 37% of our veterans have asked for assistance in finding employment. Because this is such an important problem area, I am pleased that we have an employment service counselor detailed to the Vet Center to help us. I believe that the Disabled Veteran Outreach Person (DVOP) program is very worthwhile and should be continued. In fact, our job counselor has planned and coordinated a city-wide Job-A-Thon which took place on March 15th and found hundreds of jobs for people.

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Nine percent of the veterans we saw in February wanted help in upgrading their discharge. Only 8 individuals (1%) wanted information or medical evaluation for Agent Orange concerns. This may not reflect an accurate representation of how many veterans have these concerns because we have done very little outreach or public advertisement about Agent Orange.

I would like to share with you an anecdote about our excellent Agent Orange program. As a Vietnam combat veteran I am entitled to a physical examination and went through the same process that the other veterans experience. I was very pleased by the thoroughness of the examination, which included X-rays, blood tests, and a two-hour history-taking and examination by the environmental physician. I found the physician to be very well-read on the subject and very interested in my welfare. Abnormalities were found in my blood work, and further tests (including a liver scan) were made. They found some abnormalities due to a bout with hepatitis while in Vietnam. Their thoroughness, care and expertise has greatly impressed me.

How well are we doing? It's really hard to tell without a carefully controlled research study. Several factors suggest to me that we are providing a useful service. For example, of the 14 veterans considered suicidal or homicidal in February, none took his life or that of another. Of the 214 veterans counseled during February, 74 were new clients. That suggests to me that the Vet Center is perceived by many of our veterans as a good place to come for help. The demand for services is increasing on a monthly basis.

Since its inception, our program has been in a state of flux. Speaking for my own team, we have been motivated by a belief that since we are temporary we need to help as many veterans as possible in the time allotted to us. High motivation and increasing workload combined with an uncertain future is a good formula for staff burnout. I am happy to say that excellent leadership from the director of readjustment counseling and our regional coordinator has prevented many problems. Dr. Celsomino and the staff at Central Office have added some much-needed structure and continuity to our program, with a resultant improvement in services to veterans.

The support which we have received from the VA Medical Center has also been superb. I could not ask for a better professional relationship with my hospital director or his staff. Mr. Caldwell has been completely supportive of our center from the beginning

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and has personally communicated that sentiment throughout the hospital. The result has been a spirit of cooperation between the hospital and the Vet Center. I have been invited several times to present lectures on the problems of Vietnam veterans to the psychological, psychiatric, social work and nursing staff of the hospital. Mr. Caldwell also includes me in his regular director's meetings and consults me regularly on the problems of our veteran population. I am pleased to point out that the psychologist in the Gulfport Mental Hygiene Clinic is now conducting regular group sessions for Vietnam veterans.

This concludes my formal testimony, and I would be happy to answer any questions which you might have.

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